

□ HAZARDOUS ® NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION			
IMMEDIATE RESPONSE INFOR	RMATION			#/				
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	SHIPPI	NG INFORM	ATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IED TYPE	MATERIAL DESCRIPTION			
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ADDITIONAL					•			
INFORMATION:					<u> </u>			
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GENERATOR DATE SI COMPANY NAME DELCO MORAL	HIPPED /-//-/ NE DIV. GMC	EP/	A IDENTIFIC	ATE LD NO	ENO. OHOOLO 9285[]			
ADDRESS1420 WISCON	SIN BLVD.		PUI	RCHASE OR	DER			
CITYDAYTON,	STATE	OHIO	45401	ŽIP	PHONE			
This is to certify that the above named in OHD 06/9285 transportation according to the applicab	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for			
Signature Lawred Men	ole regulations of the Di	epartment of Tra	ansportation :	and the EPA.	Keep gold copy for your records.			
	Print N							
TRANSPORTER  COMPANY					DE			
ADDRESS AM								
CITY					PHONE			
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.			
Signature	Print N	lame			Date Received			
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFIC	ATION COD	E NO			
COMPANY 504777 DAG	TON LANDFIL							
ADDRESS	STATE		JOE		•			
This is to certify completion of treatment					PHONE			
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.			
Signature					· ·			



□ HAZARDOUS □ MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 194731

EMERGENCY INFORMATION				SCA	LE INFORMAT	TION
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RECLAMATION IN	NCINERATION	□ LAN	DFILL	□OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
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GENERATOR DELCO MORA	HIPPER CANC					060928561
COMPANY NAME			ST	ATE I.D. NO.		
ADDRESS 1420 WISCON		01110			IDER	
	STATE			·		-
This is to certify that the appropriate transportation according to the application	Reflais are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in	proper condition for
Signature Laud New		$\Lambda$		ALO.		LIEL 1 201
	Print N	Name D//C	N 10.	<u> </u>	Phone	100001
TRANSPORTER						
ADDRESS AM						
CITY	STATE				PHONE	
This is to certify acceptance of the above						
Signature	•					
	PIIIL P					
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTON	L-ANDELL	1 e .			-	
ADDRESS						
	STATE	410		Б NO 71Р	PHONE	
This is to certify completion of treatment						
your records. Forward white copy to						
Signature	=	-		•	-	
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 191438

<b>EMERGENCY INFORMATION</b>		····		SCAL	E INFORMATION
IMMEDIATE RESPONSE INFORMATION				-11/	/
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ I	NCINERATION	Ø LAN	DFILL	потн	ER (Specify)
ADDITIONAL					
INFORMATION:					<u> </u>
	C	ERTIFICATION	NI NI		
GENERATOR DATES					DE NO. OHRO 010928561
COMPANY NAME DELCO MORA	HIPPED 1-13-80 INE DIV. GMC	EP.			DE NO. <u>17/17/01/01/01/01/01/01</u>
ADDRESS 1420 WISCON	ISIN BLVD.				RDER
					PHONE
This is to certify that the above parcechi					
transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records
Signature Award New	) Print I	Name DAUIZ	NEU		Phone 455-C34/
TRANSPORTER					
COMPANY					DE
ADDRESS AVIE					JE
CITY					PHONE
This is to certify acceptance of the abo					
Signature	•				
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TREATMENT/DISPOSAL FACILITY	1110000	EP.			DE NO
COMPANY SOUTH DAYON	W LOTRIALIO				
ADDRESS	07				PHONE
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This is to certify completion of treatmen your records. Forward white copy to					
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Signature	Print N	Name	<del></del>	·	Date



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 497

EMERGENCY INFORMATION		·		SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL					
INFORMATION:					
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GENERATOR DATE S COMPANY NAME DELCO MORAI	INE DIV. GMC	<u></u> EP.	A IDENTIFIC ST	ATE LD NO	DE NO. 0/74060/2854)
ADDRESS1420_WISCON	ISIN BI VD		PU	RCHASE OF	IDER
CITYDAYTON	STATE	-0HI0	<del>- 4540:</del>	ZIP	PHONE
CITY DAYTON, This is to certify that the above named of transportation according to the application.	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition
transportation according to the application	ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records
Signature Alleria Mere	Print 1	vame DAUA	D NECE	2	Phone
TRANSPORTER					
COMPANY					DE
ADDRESS	<del>-</del>		JO	B I.D. NO	
CITY					PHONE
This is to certify acceptance of the abo					
Signature	Print 1				
TREATMENT/DISPOSAL FACILITY	1 Avacus				DE NO
COMPANY SOUTH DAY TON	MINIOUS				
ADDRESS CITY DAYTON					PHONE
This is to certify completion of treatmen	.*				
your records. Forward white copy to					
Signature	Print I	Vame		<u>.</u>	Date



| HAZARDOUS 10 NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. NO. 1948

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IN CASE OF EMERGENCY, NO	TIFY:	70.		IRAI	LER NO. TRACTOR NO.		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION		
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RECLAMATION II	NCINERATION	e LANI	DFILL	_ OTH	ER (Specify)		
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<u></u>	<u></u>	ERTIFICATIO	\AI				
GENERATOR DATES				ATION COD	DE NO. 01/DOX 0 92/36/		
COMPANY NAME DELCO MORAL	NE DIV. GMC	<u> </u>	A IDENTIFIC STA	ATE LD NO	JE NO. 4 12 43 501		
ADDRESS 1420 WISCON							
CITYDAYTON.	STATE	<del></del>	<b>1610</b>	ZIP	PHONE		
CITY DAYTON, This is to certify that the above named of transportation according to the control of the control	aterials are properly clá	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for		
transportation according to the applical	ble regulations of the Di	epartment or tra	ansportation a	ano the EPA	veeb doig coby for your records.		
Signature Signature	Print N	Name PAU	() WEC	<u> </u>	Phone 155-439/		
TRANSPORTER		EPA	A IDENTIFIC	ATION NO.			
COMPANY					DE		
ADDRESS	CTATE				PHONE		
This is to certify acceptance of the above					-		
Signature							
TREATMENT/DISPOSAL FACILITY							
COMPANY SOUTH DAY	TON LANDER	L EP/			E NO		
ADDRESS							
CITY DAYTON	STATE				PHONE		
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance wit	h appropriate	e regulations. Keep canary copy for		
your records. Forward white copy to	generator. Processing (	of your invoice	will begin u	pon receipt	of signed copy of this manifest.		
Signature	Print N	Name	<del> </del>	· · · · · · · · · · · · · · · · · · ·	Date		



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1919

IN CASE OF EMERGENCY, NOTIFY:  IN CASE OF EMERGENCY, NOTIFY:  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  D.O.T. SHIPPING DESCRIPTIO
TRAILER NO. TRACTOR NO.  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  CERTIFICATION  DATE SHIPPED  COMPANY NAME  DELCO MORAINE DIV. GMC  STATE ID. NO.  PURCHASE ORDER  CITY  DAYTON,  STATE OHIO 4540  ZIP  PHONE  This is to certify that the appropriating and pricable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
TRAILER NO. TRACTOR NO.  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  CERTIFICATION  DATE SHIPPED  COMPANY NAME  DELCO MORAINE DIV. GMC  STATE ID. NO.  PURCHASE ORDER  CITY  DAYTON,  STATE OHIO 4540  ZIP  PHONE  This is to certify that the appropriating and pricable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
TRAILER NO. TRACTOR NO.  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  D.O.T. SHIPPING DESCRIPTION  D.O.T. SHIPP
SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D. RECLAMATION D. INCINERATION D. LANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PAYTON, STATE DHIO 4546 ZIP PHONE  CITY DAYTON, STATE DHIO 4546 ZIP PHONE  This is to certify that the appricable regulations of the Department of Transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D. RECLAMATION D. INCINERATION D. LANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PAYTON, STATE DHIO 4546 ZIP PHONE  CITY DAYTON, STATE DHIO 4546 ZIP PHONE  This is to certify that the appricable regulations of the Department of Transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION    MATERIAL DISPOSITION
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION    MATERIAL DISPOSITION
MATERIAL DISPOSITION  RECLAMATION INCINERATION RANDFILL OTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED FOR EPA IDENTIFICATION CODE NO. CHADOG 69250/ COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 4540 ZIP PHONE This is to certify that the appropriate materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
RECLAMATION DINCINERATION DELANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED PROPERTY OF PARTICIPATION CODE NO. COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO. ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above parage materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR  COMPANY NAME  DELCO MORAINE DIV. GMC  ADDRESS  1420 WISCONSIN BLVD.  CITY  DAYTON,  STATE OHIO  4546  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
CERTIFICATION  GENERATOR  DATE SHIPPED  COMPANY NAME  DELCO MORAINE DIV. GMC  ADDRESS  1420 WISCONSIN BLVD.  PURCHASE ORDER  CITY  DAYTON,  STATE  OHIO  4546  ZIP  PHONE  This is to certify that the above named gaterials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
GENERATOR  DATE SHIPPED  GENERATOR  DELCO MORAINE DIV. GMC  STATE I.D. NO.  ADDRESS  1420 WISCONSIN BLVD.  PURCHASE ORDER  CITY  DAYTON,  STATE  OHIO  4540  ZIP  PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
GENERATOR  DATE SHIPPED  GENERATOR  DELCO MORAINE DIV. GMC  STATE I.D. NO.  ADDRESS  1420 WISCONSIN BLVD.  PURCHASE ORDER  CITY  DAYTON,  STATE  OHIO  4540  ZIP  PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
COMPANY NAME DELCO MORAINE DIV. GMC  STATE I.D. NO.  ADDRESS 1420 WISCONSIN BLVD.  PURCHASE ORDER  CITY DAYTON, STATE OHIO 454C ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
ADDRESS
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Signature Print Name Print Name Phone Phone
TRANSPORTER EPA IDENTIFICATION NO  COMPANY STATE LD. CODE
ADDRESS JOB I.D. NO.
CITY STATE ZIP PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.
Signature Print Name Date Received
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.
COMPANY SOUTH DAY ON LANDFILL STATE I.D. NO.
ADDRESS JOB NO
CITY STATE ZIP PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.
Signature Print Name Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORM	MATION
IMMEDIATE RESPONSE INFORMATION / 7				A		
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO.	TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MAIERI	AL DESCRIPTION
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	MATER	RIAL DISPO	SITION			
□ RECLAMATION □ IN	NCINERATION	LAN	DFILL	OTH	ER (Specif	y)
ADDITIONAL						
INFORMATION:		<del></del>				
	CI	ERTIFICATION	ON .		<del> </del>	
GENERATOR DATES	HEPER. GMC/-/					Dol 892856/
OCIONI MANUEL			PU	RCHASE OR	DER	
ADDRESS	STATE	OH10	45	ZIP	PHO	ONE
This is to certify that the apply 6 600 200	a্ববৃদাৱাs are properly cla:	ssified, describe	ea, packagea,	marked and i	abeled, and a	re in proper condition to
transportation according to the applicat	ole regulations of the De	epartment of Tr	ansportation	and the EPA.	Keep gold o	copy for your records.
Signature Dawlow	Print N	Name MU	4 Pt-4		Pho	ne <u>455£39/</u>
TRANSPORTER	_					
ADDRESS	77	•				
CITY						ONE
This is to certify acceptance of the above						· · · · · · · · · · · · · · · · · · ·
Signature	Print N	Name			Date	e Received
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC			
COMPANY SOUTH DATTOR	LANDFILL		ST/	ATE I.D. NO.		
ADDRESS						
	STATE Q					
This is to certify completion of treatment your records. Forward white copy to						
Signature					_	·
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□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION	SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION	1				
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	NET WT.				
IN CASE OF EMERGENCY, NOTIFY	TRAILER NO. TRACTOR NO.				
SHIPPING INFORMATION	<u> </u>				
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D.O.T. SHIPPING DESCRIPTION   HAZARD CLASS   QUANTITY   CONTAIN	IER TYPE   MATERIAL DESCRIPTION				
10NHAZ 304DS 150X	FLYASH				
MATERIAL DISPOSITION					
RECLAMATION DINCINERATION DELANDFILL	OTHER (Specify)				
ADDITIONAL INFORMATION:					
CERTIFICATION	110x/200/				
DELCO MORAINE DIV. GMC	ATION CODE NO. (DTD) (072/36/ ATE I.D. NO. (1997)				
	RCHASE ORDER				
CITY DAYTON, STATE OHIO 45401	ZIP PHONE				
This is to certify that the above named materials are properly classified, described, packaged,	marked and labeled, and are in proper condition for				
transportation according to the applicable regulations of the Department of Transportation					
Signature Law New Print Name DAUID NE	Phone 435-639/				
TRANSPORTER EPA IDENTIFIC	ATION NO.				
1 1/1 2/16	ATE I.D. CODE				
	3 I.D. NO				
· • • • • • • • • • • • • • • • • • • •	ZIPPHONE				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your					
Signature Print Name	Date Received				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFIC	ATION CODE NO.				
100000	ATE I.D. NO.				
	3 NO				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with	ZIPPHONE				
your records. Forward white copy to generator. Processing of your invoice will begin u					
Signature Print Name					



EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION			-11/	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS		<del></del>	
□ RECLAMATION □ II	NCINERATION	₽ LAN	DFILL	□ OTH	ER (Specify)
ADDITIONAL INFORMATION:					
GENERATOR DATES COMPANY NAME DELCO MORAII		EDTIEICATIO	)N	<del></del>	
GENERATOR DATE S	UIDDED	F. ST ED	A IDENTIFIC	CATION COD	END 040010928361
COMPANY NAMEDELCO MORATI	DE DIA GWC		ST.	ATE I.D. NO.	
ADDRESS 1420 WISCON	SIN BLVD.	- AHIA	PU	RCHASE OF	DER
CITYDAYTON,	STATE		<del> </del>	ZIP	PHONE
This is to certify that the above 300285	<b>:8</b> ₫rials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition fo
transportation according to the applicat	ole regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.
Signature Audi/Vew	Print 1	Name DAL	NO TUB	u	Phone 455-6991
TRANSPORTER	•				
COMPANY ADDRESS					DE
CITY					PHONE
This is to certify acceptance of the above					
Signature					
TREATMENT/DISPOSAL FACILITY	rillit	•			E NO.
COMPANY SOUTH DAY	TON LANDEI				E NO.
ADDRESS					
CITY DAYTON	STATE 0				PHONE
This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ıpon receipt	of signed copy of this manifest.
Signature	Print N	lame	·		Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1944

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GENERATOR DATE S COMPANY NAME DELCO MORAL	HIPPED /-/O -		A IDENTIFIC			527/
ADDRESS1420 WISCON						
CITYDAYTON,						
This is to certify that the above camed in transportation according to the applicate Signature	aterials are properly cla ble regulations of the D	ssified, describe	d, packaged, ansportation :	marked and I and the EPA	abeled, and a	re in <mark>proper c</mark> ondition for
TRANSPORTER						
COMPANY /						
ADDRESS			JOE	3 I.D. NO		
CITY						ONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placa	ds were offered.
Signature	Print N	Name			Date	Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION COD	E NO	
COMPANY SOUTH DAY	TONLANDFIL					
ADDRESS/						
	STATE					
This is to certify completion of treatment your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed cop	
Signature	Print N	1			Date	



□ HAZARDOUS IN NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1978

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	N	
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ADDRESS 1420 WISCON					DER		
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This is to certify that the above paragrams	eterials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition	on for	
transportation according to the applicab	le regulations of the De	epartment of Tra	ansportation	and the EPA	1177 / 20	ras.	
Signature Kullo Novel	Print N	Name DV &	DPEC		Phone 435 45 7/		
TRANSPORTER					<del></del>		
COMPANY					)E		
ADDRESS					D. IONE		
This is to certify acceptance of the above					PHONE		
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Signature	Print N	lame		· · · · · · · · · · · · · · · · · · ·	Date Received		
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COMPANY SOUTH DAYTOR	N MINTE 100					- 1	
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This is to certify completion of treatment	•						
your records. Forward white copy to							
Signature					• ,		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DES	CRIPTION
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GENERATOR DATE SI		. ~		ATION COD	ENO. 0#2004	28561
GENERATOR DATE SI COMPANY NAME DELCO MORAII	NE DIV. GMC					
ADDRESS 1420 WISCONS	SIN BLVD.		PUI	RCHASE OR	DER	
CITYDAYTON,						
This is to certify that the above 60 9289	aterials are properly clas	ssified, describe	d, packaged,	marked and	labeled, and are in prop	er condition for
transportation according to the applicat	ole regulations of the De		ansportation a		115	our records.
Signature - Supple / Four	Print N	lame	DID IVE		Phone 733	7 62 7/
TRANSPORTER		EP/	A IDENTIFIC	ATION NO.		
ADDRESS AND A					DE	·
CITY					PHONE	
This is to certify acceptance of the above	STATE					
Signature						
TREATMENT/DISPOSAL FACILITY	FIII(N					
COMPANY SOUTH STY	N LADFILL				E NO	
ADDRESS			JOE			
CITY MUTTER	STATE 0/	$\omega$			PHONE	
This is to certify completion of treatment	, storage, reclamation, o	or disposal in co	mpliance with	h appropriate	e regulations. Keep ca	nary copy for
your records. Forward white copy to	generator. Processing o	of your invoice	will begin u	pon receipt	of signed copy of this	manifest.
Signature	Print N	lame		· · · · · · · · · · · · · · · · · · ·	Date	



□ HAZARDOUS Ø MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1978

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	SHIPPI	NG INFORM	ATION		<del>*                                     </del>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ED TVPE	MATERIAL	DESCRIPTION
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		ERTIFICATIO			217	210100 0011
GENERATOR DELCO MORAL	HIPPED J-20-11 NE DIV. GMC					11692857
ADDRESS 1420 WISCONS	<del></del>					
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This is to certify that the above a greet in						
transportation according to the applicat						
Signature Laullou	Print N	Name ANUE	NEU		Phone	455-639/
   TRANSPORTER			A IDENTIFICA	ATION NO		
COMPANY						
ADDRESS			JOE	3 I.D. NO		
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appi	opriate placards	were offered.
Signature	Print N	lame	<u> </u>		Date Re	eceived
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	ATION COD	E NO	
COMPANY SOUTH DAY	TON LADE	111	STA	TE I.D. NO.		
ADDRESS DAYTON	·····	SHIN				
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This is to certify completion of treatment your records. Forward white copy to	_	•			-	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION		
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ADDITIONAL INFORMATION:							
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GENERATOR DELCO MORAL	NEPBR. GME				ENO. <u>07/01/092834</u>		
ADDRESS1420 WISCON	SIN BLVD.				4		
CITYDAYTON,	STATE	ОНЮ	4.	ZIP	DERPHONE		
This is to certify that the phove serges 5							
transportation according to the application		epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.		
Signature Tavel Mo	erint N	lame	DUNE	4	Phone 755-659/		
TRANSPORTER		EP/	A IDENTIFICA	ATION NO.			
COMPANY /		<del></del>	STA	ATE I.D. CO	DE		
ADDRESS							
CITY					PHONE		
This is to certify acceptance of the abov	•				•		
Signature	Print N	lame			Date Received		
TREATMENT/DISPOSAL FACILITY	1 1.000141				E NO		
COMPANY SOUTH DAYTON, ADDRESS	MNUFIC						
CITY DATTOW	STATE	H10			PHONE		
This is to certify completion of treatment	storage reclamation	or disposal in co					
your records. Forward white copy to							
Signature							



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	SHIPPI	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTIO	N ——
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	MATE	RIAL DISPOS	SITION			<del></del>
□ RECLAMATION □ II	NCINERATION	E LAN		□ OTH	ER (Specify)	
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INFORMATION.			<del></del>	<del></del> -		
	CE	RTIFICATIO	ON			
GENERATOR DATES COMPANY NAME DELCO MORAL	HEPER. GME22-8	£EP			ENO. OH DOLOGOS	7
ADDRESS 1420 WISCON	SIN BLVD.					
CITYDAYTON,		OHIO	45401	ZIP	DER PHONE	
This is to certify that the above 669285	gerials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper conditi	on fo
transportation according to the applicat					Keep gold copy for your reco . [2] ا	rds. /
Signature Xuichlow	Print N	Name DAU	DNEC	<u> </u>	Phone 495 257/	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
COMPANY —	/				DE	
ADDRESS	/				RUONE	
This is to certify acceptance of the above					PHONE	
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Signature	Print N					
TREATMENT/DISPOSAL FACILITY	14/ 100011				E NO	
COMPANY SOUTH DAY O	IN LAIRDAILL					
ADDRESS CITY DAY OW	STATE /	410	JOI	B NU	PHONE	
This is to certify completion of treatmen	•					
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ipon receipt	of signed copy of this manifes	



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□ RECLAMATION □ IN	NCINERATION	- LANI	DFILL	□ OTHI	ER (Specify)	
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GENERATOR DATE SI COMPANY NAME DELCO MORAI	HIPPED				E NO. <i>OX/86642</i>	,
ADDRESS1420 WISCON					250	
CITY DAYTON,		OHIO			DER	
This is to certify that the above games transportation according to the application	ale regulations of the De	ssilied, describe	u, packageu, insportation :	and the FPA	Keen gold conv for vo	our records
Signature sturil New			O NEU	/ /	Phone 455	1391
	Print N	lame #101	D TOP-		Phone	
TRANSPORTER COMPANY						
ADDRESS ADDRESS					DE	
CITY	07175				DUONE	
This is to certify acceptance of the above					PHONE	
Signature	Print N	lame	- <u></u> -	<u> </u>	Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAYTO	IN LAMPAIL	•				
ADDRESS /	<b>A</b>					
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This is to certify completion of treatment	, storage, reclamation, o	or disposal in co	mpliance witl	h appropriate	regulations. Keep cana	ary copy for
your records. Forward white copy to go Signature						manifest.
Signature	Print N	lame			Date	



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,	SHIPPI	NG INFORM	ATION	· · · · · · · · · · · · · · · · · · ·		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
1/5/1/1		0000	775			
MONFAZ		DULB	BOX			
,		/			SCRAPWOOD	
			<del></del>			
	MATE	RIAL DISPOS	SITION		<u> </u>	
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RECLAMATION IN	NCINERATION	Ø LANI	DFILL	OTHI	ER (Specify)	
ADDITIONAL						
INFORMATION:						
		ERTIFICATIO	NNI			
GENERATOR DATE S	~ ~/			ATION COD	ENO DADOG2856/	
COMPANY NAME DELCO MORA	HIPPERV. GMC				•	
ADDRESS1420 WISCON			917 PUI	RCHASE OR	DER	
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above கரும் த						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.	
Signature Adult Nou	/ Print N	Name M	11D NE	2	Phone 155659/	
TRANSPORTER						
COMPANY			ST/	ATE I.D. CO	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above						
Signature	Print N	Name	<del></del>		Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH PAYTO	IN LAKUFILL					
ADDRESS (CITY	STATE					
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This is to certify completion of treatment your records. Forward white copy to	-					
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Signature	Print N	vame			Date	



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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ IN	NCINERATION	□ LANI	OFILL	□ OTH	ER (Specify)
ADDITIONAL			<del></del>		
INFORMATION:					
	CI	RTIFICATIO	N		- Andrew Control
GENERATOR DATE SI	HIPPED / 23 /	EP/	A IDENTIFICA	ATION COD	ENO. 074081092856/
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ADDRESS 1420 WISCON					DER
CITY					
This is to certify that the above paraged in transportation according to the applications.	ole regulations of the De	enartment of Tra	u, packageu, i insportation a	ind the FPA	Keep gold copy for your records.
Signature Laurellew	Print N				Phone 455-£391
	Print N				
TRANSPORTER COMPANY					
ADDRESS AND					DE
CITY	STATE				PHONE
This is to certify acceptance of the above					, A.
Signature		•			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY 5017/ DAYTO	WHANDEILL	, EP/			E NO
ADDRESS					
CITY PASTON	STATE				PHONE
This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing o	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame			Date



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19410

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IMMEDIATE RESPONSE INFORMATION				4/		
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3.	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
NonHAZ		304D5	FXX	,		
		14			Y RAPWODE	
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	MATE	RIAL DISPOS	SITION		<u> </u>	
□ RECLAMATION □ II	NCINERATION	LANI	DFILL	□OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
	<del></del>			<del></del>		
	CI	ERTIFICATIO	N			
GENERATOR DELCO MORAL	HIPPED 1-23-8	EP.	A IDENTIFIC	ATION COD	ENO. DADO10928561	
CONTAINT INAINE						
ADDRESS1420 WISCONS	SIN BLVD.		PU	RCHASE OR	DER	
CITYDAYTON,	STATE	_OHIO	<u> 45401</u>	ZIP	PHONE	
This is to certify that the above 9285						
transportation according to the applicat	ole regulations of the De			and the EPA	11-1-1-00	
Signature Stude Now	Print N	Name DAUL	WECL		Phone 435-634/	
TRANSPORTER		EPA	A IDENTIFIC	ATION NO.		
COMPANY					DE	
ADDRESS			JOI	B I.D. NO		
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print N	Name		<del></del>	Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY 504TH DAYTO	IN LANDFILL					
ADDRESS		•				
	STATE O				PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to					of signed copy of this manifest.	
Signature	Print N	lame			Date	



□ HAZARDOUS © NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 7748

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L NONHAZ							
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COMPANY NAME DELCO MORA	TINE DIV. GMC	EP	A IDENTIFIC STA	ATE ID NO	ENO. E/18/2000-12-00-1		
ADDRESS 1420 WISCOI					DER		
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE		
This is to certify that the apprending 28							
transportation according to the applicab	le regulations of the De	epartment of Tra	ansportation :	and the EPA	Keep gold copy for your records.		
Signature KtypeNew	Print N	Name DNUK	DNEW		Phone ————————————————————————————————————		
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This is to certify acceptance of the above							
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TREATMENT/DISPOSAL FACILITY					E NO		
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Signature	Print N	lame	·	· -	Date		



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ADDRESS 1420 WISCON						
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transportation according to the application	ble regulations of the D	epartment of Tr	ansportation	and the EPA.	Keep gold copy for your records.	
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTON	INDALL				E NO	
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COMPANY NAME DELCOMILA		•	ST/			
ADDRESS _1420 WASCONSW 0					DER	
CITY MATTON	STATE	#10		ZIP 454		
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature Astwar New	Print N	lame MU	DN6U	·	Phone 455-139/	
TRANSPORTER		•	A IDENTIFIC	ATION NO		
COMPANY					DE	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. App	opriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH PAYER	a LANDEIN	-			E NO.	
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This is to certify completion of treatment						
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COMPANY NAME DELCO MORAII ADDRESS 1420 WISCONS						
CITYDAYTON,						
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are	in proper condition for
This is to certify that the above named m OHD 05092851 transportation according to the applicat	ol ole regulations of the De	epartment of Tra	ansportation a	and the EPA	. Keep gold co	py for your records.
Signature Aucel New	Print N	lame Mu	PRECE	,	Phone	455-639/
TRANSPORTER						
COMPANY	<del></del>					
ADDRESS			JOE	3 I.D. NO		
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appi	ropriate placard	ls were offered.
Signature	Print N	lame			Date I	Received
TREATMENT/DISPOSAL FACILITY						
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This is to certify completion of treatment your records. Forward white copy to	<del>-</del>	•			_	
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ADDRESS 1420 WISCON						
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transportation according to the applical	hie requisitions of the L)	enariment of Tr	ansportation	and the FPA	. Neep gold copy for your records.	
Signature David New	Print !	Name DAU	DNEO	· 	Phone 433-639/	
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COMPANY					DE	
ADDRESS /////					RHONE	
This is to certify acceptance of the above					PHONE	
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Signature	Print h	Name	· · · · · · · · · · · · · · · · · · ·	·	Date	
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GENERATOR DATE S COMPANY NAME DELCO MORAL					ENO. OTROCCO PERSON	
ADDRESS 1420 WISCON					DER	
CITY — DAYTON, This is to certify that the ADV6609285	aterials are properly cla	ssified, describe	d, packaged, i	marked and	labeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA	. Keep gold copy for your records.	
Signature Hurch Now	Print N	Name DAC	ID NEC	<u>L</u>	Phone 455-1391	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
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COMPANY NAME DELCO MORA	HIPPED 2-3-81 NE DIV. GMC					
ADDRESS 1420 WISJON	SIN BLVD.	:	PUI	RCHASE OR	DER	
CITY DAYTON,						
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transportation according to the applicate	ole regulations of the Di	epartment, of Tr	ansportation :	and the EPA.	Phone 455-6391	
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ADDRESS AND	<del> </del>				DE	
CITY					PHONE	
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Signature	Print N	Name			Date Received	
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This is to certify completion of treatment your records. Forward white copy to	<del>-</del>					
A CONTRACTOR OF THE PROPERTY O	~ · · · · · · · · · · · · · · · · · · ·	100	4.	•	of signed copy of this manifest.	
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17486

IN CASE OF EMERGENCY, NOTIFY:  SHIPPING INFORMATION  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D. RECLAMATION INCINERATION ALANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED J. S. EPA IDENTIFICATION CODE NO COMPANY NAME DELCO IN GRAINED IN L. SMC STATE LD. NO.  PURCHASE ORDER PHONE  CITY DATTON, STATE OHIO ASAD ZIP PHONE  Transportatify acceptance may erials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportatify acceptance of the applicable regulations of the Department of Transportation and the EPA Keep gold copy for your records.  Signature While Delco STATE DATTON STATE DATE DATE DATTON STATE DATTON STATE DATTON STATE DATTON STATE DATE DATE DATE DATE DATE DATE DATTON STATE DATE DATE DATE DATE DATE DATE DATE	EMERGENCY INFORMATION				SCALE INFORMATION		
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ADDITIONAL INFORMATION:  CERTIFICATION  CERTIFICATION  GENERATOR  COMPANY NAME DELCO MORAINE DIV. GMC  ADDRESS 1420 WISCONSIN BLVD.  CITY DAYTON.  STATE OHIO 45401 ZIP PHONE  This is to certify that the above name materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature Print Name Print Name Phone  TRANSPORTER  EPA IDENTIFICATION NO.  COMPANY  STATE ID. NO.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY STATE ID. NO.  COMPANY STATE ID. NO.  COMPANY STATE ID. NO.  COMPANY STATE ID. NO.  JOB NO.  CITY DAYTON STATE CHILLY COMPANY STATE ID. NO.  JOBNO.  CITY DAYTON STATE ID. NO.  JOBNO.  CITY DAYTON STATE CHILLY ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy f your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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ADDITIONAL INFORMATION:  CERTIFICATION  CERTIFICATION  GENERATOR  COMPANY NAME DELCO MORAINE DIV. GMC  ADDRESS 1420 WISCONSIN BLVD.  CITY DAYTON.  STATE OHIO 45401 ZIP PHONE  This is to certify that the above name materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature Print Name Print Name Phone  TRANSPORTER  EPA IDENTIFICATION NO.  COMPANY  STATE ID. NO.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY STATE ID. NO.  COMPANY STATE ID. NO.  COMPANY STATE ID. NO.  COMPANY STATE ID. NO.  JOB NO.  CITY DAYTON STATE CHILLY COMPANY STATE ID. NO.  JOBNO.  CITY DAYTON STATE ID. NO.  JOBNO.  CITY DAYTON STATE CHILLY ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy f your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			//			/ ' '	
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ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 2 EPA IDENTIFICATION CODE NO. ADDITIONAL COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO.  ADDRESS 1420 WISCONSIN BLVD.  CITY DAYTON, STATE OHIO 45401 ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature Print Name Phone HOS WILLIAM Print Name Phone HOS WILLIAM Phone  TRANSPORTER EPA IDENTIFICATION NO.  CITY STATE I.D. CODE JOB I.D. NO.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received Date Received TREATMENT/DISPOSAL FACILITY  COMPANY STATE I.D. NO.  ADDRESS JOB NO.  CITY DAYTON STATE CHILLY ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy f your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		MAIE					
CERTIFICATION  GENERATOR DATE SHIPPED 2-5 EPA IDENTIFICATION CODE NO. WIDNESS (COMPANY NAME DELCO MORANIS BLVD. PURCHASE ORDER DIV. GMC STATE I.D. NO.  ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, STATE OHIO 45401 ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature Print Name Print Name Phone HOSSIGN Phone HO	□ RECLAMATION □ II	CINERATION	⊭ LAN	DFILL	OTH	ER (Specify)	
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□ HAZARDOUS & NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1999

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COMPANY NAMEDELCO MORAL	NE DIV. GMC				
ADDRESS1420 WISCON					DER
CITYDAYTON,	STATE	ОНІО	<del>45401</del> <sup>2</sup>	IP	PHONE
I his is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, r	narked and I	abeled, and are in proper condition to
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TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.					
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GENERATOR DELCO MORAL	NE DIV. GMC				E 140. 9/14030 12-03	
ADDRESS 1420 WISCON	SIN BLVD.		PUI	RCHASE OF	DER	
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE	
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This is to certify acceptance of the above						
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Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO						
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYT	ON L'ANDFILL				E NO.	
ADDRESS	75000					
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This is to certify completion of treatment						
your records. Forward white copy to	generator. Processing o	of your invoice	will begin u	pon receipt	of signed copy of this mani	fest.
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# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 1919

EMERGENCY INFORMATION			SCALE INFORMATION		
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GENERATOR DELCO MORA	HIPPED 2-11-88 INE DIV. GMC				ENO. OHDOUS \$2856/
ADDRESS 1420 WISCOM					DED
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ADDRESS1420 WISCON					DER	
CITYDAYTON,	STATE	-0HI0	<del>4546</del> <sup>2</sup>	ZIP	PHONE	
This is to certify that the above named in	aterials are properly cla	ssified, describe	d, packaged, i	marked and I	abeled, and are in proper condition	n for
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation a	and the EPA.	1.477 / 2/1	ds,
Signature Advil Now	Print N	lame P//U	PARO		Phone 735-039/	
TRANSPORTER		EPA	A IDENTIFICA	ATION NO.		
COMPANY			STA	TE I.D. COD	)E	
ADDRESS						
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.	1
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY	/	EPA	A IDENTIFICA	ATION COD	E NO	
COMPANY SOUTH DAY TO	OU LANDEIN	<u> </u>	STA	TE I.D. NO.		
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This is to certify completion of treatment		•			_	
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Signature	Print N	lame	<del></del>	· · · · · · · · · · · · · · · · · · ·	Date	
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□ HAZARDOUS ⊅ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1989



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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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ADDRESS1420 WISCON					DER	
CITY						
This is to certify that the above named in						
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation a	and the EPA.	Keep gold copy for your records	
Signature Little Now	Print N	lame	WID M		Phone 755-63 9/	
TRANSPORTER						
COMPANY			STA	TE I.D. COD	DE	
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This is to certify acceptance of the above	·	• •				
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	ATION COD	E NO	
COMPANY SOUTH DAY	TOW LOSILY 10					
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This is to certify completion of treatment	•	· ·				
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Signature		•		•	*	



□ HAZARDOUS ₺ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. ₽

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GENERATOR DATE SE		^		ATION COD	ENO. DADOLO92850	-
COMPANY NAME DELCO MORAL	NE DIV. GMC	EP	A IDENTIFIC. STÀ	ATFID NO	ENO. 12 12 03 03 03 03 03 03 03 03 03 03 03 03 03	
ADDRESS 1420 WISCON					DER	
CITY DAYTON, This is to certify that the above new process.	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper conditi	on for
transportation according to the applicab	e regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your reco	irds. L
Signature Hunch Vo	Print N	lame DA	D. IV	7-4	Phone 455-679/	
TRANSPORTER					<del></del>	
ADDRESS ADDRESS					)E	
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Signature	•	• •	•			
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COMPANY SAMIADAGI	W LANDFIL	V				t
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CITY JAYON	STATE	H16	2	ZIP	PHONE	
This is to certify completion of treatment	<del>-</del>	•			<del>-</del>	1
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Signature	Print N	ame			Date	



□ HAZARDOUS 12 NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19808

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GENERATOR DATE SI				ATION COL	DE NO. 0#D0109854/	
COMPANY NAMEDELCO_MORA						
ADDRESS 1420 WISCO						
CITY	STATE		#E401	ZIP	PHONE	
CITY DAYTON, This is to certify that the above named m OHD COUS 28 transportation according to the applicat	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applicat	of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
Signature June 1	Print N	Name //	UD ME	$\alpha$	Phone 455-6-57/	
TRANSPORTER _						
COMPANY	<i></i>		STA	ATE I.D. CO	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above						
Signature	Print 1	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	. 1 :	EP	A IDENTIFIC	ATION COL	DE NO	
COMPANY -5 OUT HD AGTON	TUNDEILL		ST/	ATE I.D. NO		
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CITY DAYTOU	•					
This is to certify completion of treatment your records. Forward white copy to						
Signature	Print I	Name			Date	



□ HAZARDOUS ♥ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ BYD

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GENERATOR DATE S	_			ATION COD	ENO. OHDOLO92866/	
COMPANY NAME						
				JRCHASE ORDER		
CITY	STATE	- AUIA	<del>- 45401</del> '	ZIP	PHONE:	
This is to certify that the above named m OHD 0609285 transportation according to the applicat	aterials are properly clá Á l	ssified, describe	d, packaged,	marked and I	labeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the Do	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.	
Signature Sture New	Print N	Name DAUL	DIVEU	<del></del>	Phone 435-139/	
TRANSPORTER	_	EPA	A IDENTIFICA	ATION NO.		
COMPANY			STA	ATE I.D. COE	DE	
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This is to certify acceptance of the above	•	•			•	
Signature Print Name Date Received					Date Received	
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATION COD	E NO	
COMPANY SOUTH DIFFON	SHOUTH					
ADDRESS	<del></del>	440	JOE	3 NO		
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This is to certify completion of treatment your records. Forward white copy to		•	•		<del>-</del>	
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Signature	Print N	lame			Date	



□ HAZARDOUS ØNON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. ###

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□ RECLAMATION □ IN	CINERATION	Z LAN	DFILL	OTH	ER (Specify)
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		ERTIFICATION	N.	<u></u>	
GENERATOR DATE SI				ATION COD	ENO. OHDOLO92854
COMPANY NAME DELCO MORAL	NE DIV. GMC	<u>v                                    </u>	STA	ATE I.D. NO.	LINO. DATE OF THE PROPERTY OF
ADDRESS1420 WISCON	SIN BLVD.		PUF	RCHASE OR	DER
CITYDAYTON,	STATE	оніо —	45401	ZIP	PHONE
CITY DAYTON, This is to certify that the above named m transportation according to the applicat	aterials are properly cla 6 I	ssified, describe	d, pačkaged, i	marked and	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the Do	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
Signature Kanil New	Print N	Name AAC	WNBU	<u>-</u>	Phone 455-639/
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	
COMPANY			STA	ATE I.D. CO	DE
ADDRESS					PHONE
This is to certify acceptance of the above					
Signature	·				
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTO	LADFIN				E NO
ADDRESS	<del></del>				
	STATE 01				PHONE
This is to certify completion of treatment					
your records. Forward white copy to	-	-			-
Signature	Print N	lame			Date
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□ HAZARDOUS E NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19577

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	SHIPPI	NG INFORM	ATION		•	
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GENERATOR DATE SI	40000 2-18-	f F	A IDENTIFIC	ATION COD	DE NO. O LDOL O 92856 /	
COMPANY NAME DELCO MORAI	NE DIV. GMC	<u>• •                                   </u>	A IDENTIFIC ST	ATE ID NO	E NO. C. TO CO.	
ADDRESS 1420 WISCON	SIN BLVD.		PUI	IRCHASE ORDER		
CITYDAYTON, This is to certify that the photo same of the	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
I transportation according to the applicat	le regulations of the Di	enartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature Atual New	Print N	Name DAC	10 PEC	<u>L</u>	Phone 455-639/	
TRANSPORTER						
COMPANY	<del></del>		ST	ATE I.D. CO	DE	
ADDRESS						
This is to certify acceptance of the short					PHONE	
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Signature	Print P				•	
TREATMENT/DISPOSAL FACILITY COMPANY SATTH DAY	a. ( / 1.2)				E NO	
ADDRESS	ION LANDO					
CITY DAY ON	STATE	OHIO			PHONE	
This is to certify completion of treatment						
your records. Forward white copy to	-					
Signature	-	=			•	



# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | PROPERTY | NO. | PRO

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IN CASE OF EMERGENCY, NOTIFY	: <del>/ X/////</del>		IRAII	LER NO. TRACTOR NO.		
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D.O.T. SHIPPING DESCRIPTION HA	AZARD CLASS QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION		
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GENERATOR DATE SHIPPI	n 2-18-18 FF	A IDENTIFIC	ATION COD	ENO. 011001692836/		
COMPANY NAME DELCO MORAINE D	IV. GMC	ST	ATE I.D. NO.			
ADDRESS 1420 WISCONSIN I	RI VD	PU	RCHASE ORDER			
CITYDAYTON	STATE	75.40:	ZIP	PHONE		
CITY	als are properly classified, describe	ed, packaged,	marked and l	abeled, and are in proper condition for		
transportation according to the applicable re-	gulations of the Department of Tr	ansportation	and the EPA.	Keep gold copy for your records.		
Signature Ature Now	Print Name	DMECL		Phone #25-63-9/		
TRANSPORTER	EP	A IDENTIFIC	ATION NO.			
COMPANY				DE		
ADDRESS						
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This is to certify acceptance of the above ma	terials for shipment. Keep pink co	ppy for your i	ecords Appr	opriate placards were offered.		
Signature	Print Name			Date Received		
TREATMENT/DISPOSAL FACILITY	EP	A IDENTIFIC	ATION CODI	E NO		
COMPANY SCUTTH DAYTON LAN	Dru	ST/	ATE I.D. NO.			
ADDRESS						
CITY DAYJON	•			PHONE		
This is to certify completion of treatment, stor						
your records. Forward white copy to gener	- •	-				
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ADDRESS1420 WISCON	ISIN BLVD.		PUF	RCHASE ORI	DER
This is to certify that the above named m	STATE	OHIO	4540	ZIP	photod and are in proper condition for
CITY DAYTON, This is to certify that the above named m OHD 0609285 transportation according to the applicab	aterials are properly class of 1 life regulations of the De	enartment of Tra	u, packageu, r ansportation a	and the EPA.	Keep gold copy for your records
Signature & will News	Print &	DAVIE	NEU		Phone 455-6391
TRANSPORTER	FIIII N				
COMPANY		EP	A IDENTIFICA STA	TELD COD	E
ADDRESS AME			JOE	3 J.D. NO	
CITY	···				PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	lame	<del></del>		Date Received
TREATMENT/DISPOSAL FACILITY					■ NO
COMPANY SOUTH DAYS	DN LANDFILL				
ADDRESS			_		
,	STATE <i></i>				PHONE
This is to certify completion of treatment		•			-
your records. Forward white copy to	_	-		-	
Signature	Print N	lame			Date



□ HAZARDOUS ₺ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1957€

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COMPANY NAMEDELCO_MORA						
ADDRESS1420 WISCON	ISIN BLVD.		PU	RCHASE ORDER		
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE	
CITY ————————————————————————————————————	aterials are properly cla	ssifiéd describe	d,pakoRako∳ebd,	marked and	labeled, and are in proper condition fo	
transportation according to the applican	Metregulations of the De	epartment of Tra	ansportation	and the EPA		
Signature Rulling	Print N	Vame 27/2/	DIVICA	<del></del> -	Phone 455-659/	
TRANSPORTER		EPA	A IDENTIFIC	ATION NO.		
COMPANY	<b></b>		ST/	ATE I.D. COI	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. Appi	ropriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAY	TON LANDEIN				·	
ADDRESS	···-		JOE	3 NO		
CITY LAYTOW	STATE	04/6		ZIP	PHONE	
This is to certify completion of treatment	, storage, reclamation, o	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing o	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	lame		· · · · · · · · · · · · · · · · · · ·	Date	



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INFORMATION:						
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GENERATOR DATE S  COMPANY NAME DELCO MORAL						
ADDRESS1420 WISCON						
CITY	STATE			ZIP	PHONE	
CITY ————————————————————————————————————	aterials are properly cla	OHIO ssified, describe	d, packaged,	marked and	abeled, and are in proper condition for	
transportation according to the applicat	6] ble regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature Kull pbu	Print N	vame JAU	DNFU	<u>ι</u>	Phone 453-699/	
TRANSPORTER						
COMPANY	<u> </u>				DE	
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CITY					PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SWIFT & AGTON	LANDFILL					
ADDRESS						
					PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	-	/			_	
Signature	Print N	Name			Date	



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	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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ADDITIONAL INFORMATION:					······································	
		RTIFICATIO	N.		· · · · · · · · · · · · · · · · · · ·	
GENERATOR DATE S				ATION COD	ENO. DAMO 92856)	
COMPANY NAME DELCO MORAIN					<del>-</del>	
ADDRESS1420 WISCONS	IN-RIVD	<u></u>	PUF	RCHASE OR	DER	
CITY ————————————————————————————————————	STATE	OLUO	<del></del> ;	ZIP	PHONE	
CITY — DAYTON, This is to certify that the above named m OHD 06092856 transportation according to the applicat	aterials are properly cla	ssified, describe	d, packaged.	marked and	abeled, and are in proper condition for	
transportation according to the applicat	ofe regulations of the D	epartment of Tra	ensportation a	and the EPA.		
Signature Add New	Print N	Name Pro 10	UNEC		Phone	
TRANSPORTER						
COMPANY					DE	
ADDRESS					PHONE	
This is to certify acceptance of the above						
Signature						
					E NO	
TREATMENT/DISPOSAL FACILITY COMPANY SUTH TAYER	N LANDEIL				E NO.	
ADDRESS			JOE	B NO		
	STATE 0				PHONE	
This is to certify completion of treatment						
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Name			Date	



□ HAZARDOUS → NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. PREZE

EMERGENCY INFORMATION				SCALE INFORMATION		
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	NCINERATION	U/LAINI	JFILL	UOTH	ER (Specify)	
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	CE	RTIFICATIO	N			
GENERATOR DATE S	HIPPED 2-24-	SF EP	A IDENTIFICA	ATION COD	ENO. OLDO1892834	
COMPANY NAME DELCO MORAL	NE DIV. GMČ		STA	TE I.D. NO.		
ADDRESS 1420 WISCON	ISIN BLVD.				DER	
CITYDAYTON,						
This is to certify that the above parents	aterials are properly cla	ssified, describe	d, packaged, r	marked and I	abeled, and are in proper condition for	
transportation according to the applicat					Keep gold copy for your records.	
Signature AUU NOW	Print N	lame 1400	DAPO		Phone 455-6391	
TRANSPORTER						
COMPANY	A.X				DE	
ADDRESS	I OTHER				PHONE	
This is to certify acceptance of the above	STATE					
Signature	·					
	———— Print r	,	•	•		
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY	TAN I DANDEILL.	EP.			E NO	
ADDRESS	4 1100					
CITY PATTON	STATE	A 7			PHONE	
This is to certify completion of treatment	t, storage, reclamation, e					
your records. Forward white copy to	generator. Processing (	of your invoice	will begin up	oon receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	
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□ HAZARDOUS ₾ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1968

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DES	SCRIPTION
		31100	RAY		FLUASH	
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·	MATER	RIAL DISPOS	ITION		<b>I</b>	
□ RECLAMATION □ IN	NCINERATION	₽ LANI	OFILL	_OTHI	ER (Specify)	
ADDITIONAL						
INFORMATION:				•		ļ
		RTIFICATIO			A 177 472	an Col
GENERATOR DATE S	HIPPED 2-25-8	8 EP.	A IDENTIFICA	ATION COD	ENO. 041)000	12836/
COMPANY NAME DELCO MORAL						
ADDRESS 1420 WISCON					DER	
CITY — DAYTON, This is to certify that the above 0.009285	aterials are properly cla	- OHIO	<del>- 4540)</del> 4 d packaged i	narked and	labeled and are in pro	per condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	ind the EPA	. Keep gold copy for	your records.
Signature Suil Now	Print N	James DAUM	DNFU		Phone 42	556591
TRANSPORTER _				ATION NO		1
COMPANY					DE	i
ADDRESS HAVE			JOE	3 I.D. NO		
CITY	STATE		2	ZIP	PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	ropriate placards were	e offered.
Signature	Print N	lame			Date Receiv	ed
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATION COD	E NO	
COMPANY SOLTH DAYTO	NLADFILL.		STA	TE I.D. NO.		
ADDRESS						
CITY DAY ON	•	• •			PHONE	
This is to certify completion of treatment your records. Forward white copy to	-	•				
Signature		-	_	· · · · · · · · · · · · · · · · · · ·	•	



□ HAZARDOUS □ MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1758

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
1/2 7/12		20,00	Ø 127	<del></del>	SCAPLICA	
1000 49112		204/12	JOX		SCAL MOOD	
	MATE	RIAL DISPOS	NOITION		<u> </u>	
- DECLAMATION	<del></del>		:			
□ RECLAMATION □ II	NCINERATION	₽ LANI	DFILL	ОТНІ	ER (Specify)	
ADDITIONAL INFORMATION:						
		RTIFICATIO	AL			
GENERATOR DATES				ATION COD	ENO. OHDO1092854/	
COMPANY NAMEDELCO MORA	HIPPEDV. GMC				ENO. 07/00 - 100/00/	
ADDRESS1420 WISCON					DER	
CITYDAYTON,	STATE				PHONE	
This is to certify that the appropriate and the control of the co						
transportation according to the applical		· 1 ~ A .	. /		11115 201	
Signature Advice New	Print N	Vame MU	DNEC	<u> </u>	Phone <u>430-134/</u>	
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.		
COMPANY					DE	
ADDRESS						
This is to cortifu acceptance of the above					PHONE	
This is to certify acceptance of the about						
Signature	Print N					
TREATMENT/DISPOSAL FACILITY COMPANY OXITH ONLY TO	al LAMEILE	EP.			E NO	
ADDRESS ADDRESS	N FIREDO 18					
CITY DESTON	STATE	0410			PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	_	•				
Signature						
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□ HAZARDOUS ♠ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ED TVDE	MATERIAL DESCRIPTION	— NI
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□ RECLAMATION □ IN	CINERATION	LAN	DFILL	OTH	ER (Specify)	
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GENERATOR DATE SI COMPANY NAME DELCO MORA	INE DIV. GMC	EP	A IDENTIFICA STA	ATION COD	ENO. OHDOLO 92834	
				ATE I.D. NORCHASE ORDER		
CITYDAYTON,						
This is to certify that the அம்மக்கில்						n for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your recor	rds.
Signature School New	Print N	Name DAU	DNEU		Phone 455-637/	<u></u>
TRANSPORTER		EP	A IDENTIFICA	ATION NO.		
COMPANY	<u> </u>		STA	ATE I.D. COD	DE	
ADDITESS			301	3 I.D. 140		
CITY					PHONE	
This is to certify acceptance of the above						
Signature	Print N	Name			Date Received	<del>.</del>
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COMPANY SOLFTH DAYTON LANDERU STA				ATE I.D. NO.		
ADDRESS	A	1410	JOE	3 NO	DUONE	
This is to certify completion of treatment						
your records. Forward white copy to						
Signature						
Oignature	Print N	varne			Date	



□ HAZARDOUS ♥ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

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	SHIDDI	NG INFORM	IATION	<u> </u>		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIA	L DESCRIPTION
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Win My	· · · · · · · · · · · · · · · · · · ·	30918	DOX		V KA I	WOOD
					<del></del>	
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	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ IN	CINERATION	LANI	DFILL	□ OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
	CI	RTIFICATIO				
GENERATOR DATE S	HIPPED 2-24				E NO OLDO	
ADDRESS 1420 WISCON				JRCHASE ORDER		
CITYDAYTON,	STATE	OHIO	<u> 45:</u>	ZIP	PHON	۱E
This is to certify that the above paraged transportation according to the applicate	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are	ov for your records
		NAU.	DNE C			120000000
	Print N	Vame 70	2000		Phone	255-37/
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	<del></del>	
COMPANY		<del></del>	ST/	ATE I.D. COI	DE	
ADDRESS						IE
This is to certify acceptance of the above						1
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	Print N					
TREATMENT/DISPOSAL FACILITY  COMPANY 504771044	-allhodal	',				
ADDRESS	out the property					
CITY	STATE					/E
This is to certify completion of treatment						
your records. Forward white copy to	=	•			-	
Signature	- <del>-</del>	•	-	-	•	·



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1955

EMERGENCY INFORMATION				SCA	LE INFORMATION
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,	SHIPPI	NG INFORM	ATION		,,,
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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TVON / TOR		30915	DUX		CONCRETE YDIRT
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G DECLAMATION		₽ LAN			TD (0===if.)
	NCINERATION	₩ LAN	DFILL	пОТН	ER (Specify)
ADDITIONAL INFORMATION:					
	CI	ERTIFICATION	)N		
GENERATOR DATES				ATION COD	ENO. DLDOLO92836/
COMPANY NAME DELCO MORA	INE DIV. GMC				
ADDRESS 1420 WISCON	ISIN BLVD.				DER
CITYDAYTON,					
This is to certify that the above pamed of	atorials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the D	epartment of Tra	ansportation :		
Signature Filled Men	Print N	Name DAUL	DNEW		Phone <u>455- (3 9/</u>
TRANSPORTER					
COMPANY			STA	ATE I.D. CO	DE
ADDRESS	CTATE		JOE	3 I.D. NO 710	PHONE
This is to certify acceptance of the above					1
Signature	•				
	Print r				
TREATMENT/DISPOSAL FACILITY COMPANY	YOU KANDE!	ew EP.			E NO
ADDRESS					
Mertal	STATE	11,11			PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	-	=		-	<del>-</del> · · ·
Signature	Print N	Name	· ·		Date



□ HAZARDOUS DON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. PESC.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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		10-110				
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	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ IN	NCINERATION	LAN	DFILL	□ OTHI	ER (Specify)	
ADDITIONAL			•			
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		RTIFICATIO			01600000	
GENERATOR DATE SI	HIPPED 2-17-8	EP.	A IDENTIFIC	ATION COD	E NO. BHDOLO 92856/	
COMPANY NAME						
ADDRESS1420 WISCON	ISIN BLVD.		PUI	HCHASE OH	DEH	
This is to certify that the above named m	aterials are properly clá	OHIO	d packaged	marked and I	abeled, and are in proper condition for	
CITY DAYTON, This is to certify that the above named m 0HD 060928- transportation according to the applicat	of I ble regulations of the De	epartment of Tra	ansportation :	and the EPA.	Keep gold copy for your records.	
Signature Music Now	Print N	iame <i>DAG</i>	ID NEU	l _	Phone 455-6391	
TRANSPORTER						
COMPANY					DE	
ADDRESS		·	JOE	B I.D. NO		
CITY	STATE		<del></del> ;	ZIP	PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAYTON	NLANDAU					
CITY DAYTON		14//)	JOI	B NO		
					PHONE	
This is to certify completion of treatment your records. Forward white copy to	_	•				
Signature		•		·	*	
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□ HAZARDOUS D'NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1955

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IN CASE OF EMERGENCY, NO	TIFY:	<del> </del>	-	THAI	LER NO. TRACTOR NO.	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
Mon Has		3015	Box		CONSER DIRT	
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	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ IN	CINERATION	1 LANI	DFILL	□ OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
	CI	RTIFICATIO	)N		K11261692081	
GENERATOR DELCO MORAL	NEPER GMC	/-0 / EP	A IDENTIFIC	ATION COD	ENO. 6HD 616928341	
ADDRESS 1420 WISCON			517	TIL 1.D. 140.		
CITYDAYTON,	STATE	0110	454	71P	DER PHONE	
This is to certify that the above pargetty	aterials are properly cla	ssified, describe				
transportation according to the application	ole regulations of the De	epartment of Tra	ansportation a	and the EPA	. Keep gold copy for your records.	
Signature Luck Nov	Print N	Name WOUL	DNEU		Phone <u>155-1391</u>	
TRANSPORTER						
COMPANY					DE	
ADDRESS			JOE	3 I.D. NO		
CITY					PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	,	EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAYTON K	DADEILL	-	STA	ATE I.D. NO.		
ADDRESS	· · · · · · · · · · · · · · · · · · ·					
/ ·					PHONE	
This is to certify completion of treatment your records. Forward white copy to						
	-				=	
Signature		name			Date	



□ HAZARDOUS D'NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1758

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
NON HAZ	(	30005	BOX		CONCRETE DIRT	
		,				
	MATER	RIAL DISPOS	SITION	·		
□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ OTHI	ER (Specify)	
ADDITIONAL INFORMATION:		-	<del></del>			
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	7-707	ERTIFICATIO			1411/1/2005/	
GENERATOR DELCO MORA	HIPPEDIV. GMC				ENO. [JH]D01672856]	
ADDRESS 1420 WISCON	NSIN BLVD.					
					PHONE	
This is to certify that the phoyer and g						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	nd the EPA.		
Signature Lawie Now	Print N	Name DAU	D NECL	<u> </u>	Phone 253-659/	
TRANSPORTER						
COMPANY					DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY		ED	A IDENTIFICA	TION COD	E NO	
COMPANY SOUTH DRUTT	ON LANDEILL	Er.			ه د د د د د د د د د د د د د د د د د د د	
ADDRESS						
ADDRESS DAYFOU	STATE	S -11 - 1.			PHONE	
This is to certify completion of treatmen	t, storage, reclamation, o					
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	



□ HAZARDOUS & NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NU. 1958

EMERGENCY INFORMATION				SCAL	E INFORM	ATION	
IMMEDIATE RESPONSE INFOR	RMATION			11/		:	
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	SHIDDI	NG INFORM	IATION			· · · · · · · · · · · · · · · · · · ·	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIA 	L DESCRIPTION	
/		30475	BOX	-			
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					JOHN	ip Weed	
			<u> </u>		<b>-</b>		
	MATER	TIAL DISPOS	SITION				
□ RECLAMATION □ IN	NCINERATION	z LAN	DFILL	OTH	ER (Specify	)	
ADDITIONAL		***					
INFORMATION:							
OF VERNATOR	HIPPED	RTIFICATIO		17:01:000	5.110 DH	DX1892891	
GENERATOR DATE SI COMPANY NAME <u>DELCO MORAI</u>	•						
ADDRESS 1400 WIGOON			DI II	BCHASE OR	DEB		
CITY — DAYTON	STATE			ZIP	PHO	NE	
CITY DAYTON, This is to certify that the above named m	aterials are properly clas	ssified Gescribe	d, p <b>4c5√49e</b> d,	marked and l	abeled, and are	e in proper condition for	
transportation according to the applicat	Metregulations of the De	epartment of Tra	ansportation :	and the EPA.	veeb gora co	py for your records.	
Signature Mullew	Print N	lame Will	worth	<del>-</del>	Phon	e 100-60 //	
TRANSPORTER							
COMPANY ADDRESS	<b>/</b> - —						
ADDRESS CITY						NE	
This is to certify acceptance of the above							
Signature						i	
TREATMENT/DISPOSAL FACILITY							
COMPANY Safit Dayros	LANDFILL						
ADDRESS							
CITY DAYTON	STATE <i>Of</i>					NE	
This is to certify completion of treatment	<u>-</u>						
your records. Forward white copy to	-		-	•			
Signature	Print N	lame			Date		



□ HAZARDOUS D'NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1989

EMERGENCY INFORMATION				SCALE INFORMATION		
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	SHIPPI	NG INFORM	ATION		Τ	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL	DESCRIPTION
1/2/2		200	7		0	0-
Non/Taz		301/25	190X		BOXES Y	DANDS
		/				
			<u></u>			
	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ IN	NCINERATION	LANI	DEIL I	пОТН	ER (Specify)	
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GENERATOR DELCO MORA	INE DIV. GMC					060928341
ADDRESS 1420 WISCON						
	STATE					l l
This is to certify that the அம்முள்ளத்தி						ſ
transportation according to the applicat	le regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy	for your records.
Signature + Saud Now	Print N	lame DAUL	NEU		Phone 2	155-639/
TRANSPORTER		EPA	A IDENTIFICA	ATION NO.		<del>-</del>
COMPANY	<i>r</i>					
ADDRESS	STATE				PHONE	
This is to certify acceptance of the above						
Signature	·	•			•	
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COMPANY 504TH DAYTO	N LANDFILL		STA	TE I.D. NO.		
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This is to certify completion of treatment your records. Forward white copy to	•	•			-	
Signature	-			-	•	1
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□ HAZARDOUS D'NON-HAZARDOUS □ WASTE □ RECLAIMABLE MA

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COMPANY NAME						
ADDRESS1420 WISCON						
CITY	STATE	- <del></del>	<del></del>	ZIP	PHO	ONE
This is to certify that the above named m OHD 0609285 transportation according to the applications.	aterials are properly cla 6 I	ssified, describe	d, packaged,	marked and I	abeled, and a	re in proper condition for
transportation according to the applicat	ole regulations of the Do	epartment of Tra	ansportation .	and the EPA.	Keep gold c	opy for your records.
Signature <u>Twy New</u>	Print N	Vame 1907	DANG	<del></del>	Pho	ne 1735431/
TRANSPORTER						
COMPANY — A						
ADDRESS	And the second s					ONE
This is to certify acceptance of the above						[
Signature	·					1
	1111111					
TREATMENT/DISPOSAL FACILITY COMPANY	ON LANDFILL					
ADDRESS						
	STATE <i>Of</i>					ONE
This is to certify completion of treatment		or disposal in co	mpliance wit	h appropriate	e regulations.	Keep canary copy for
your records. Forward white copy to					_	' 1
Signature	Print N	Vame			Date	e
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ADDRESS 1420 WISCON	JOIN DIVID		STA	TATE I.D. NO		
	ASIN READ.		PU	71P	PHONE	
CITY — DAYTON, This is to certify that the above pared at the body of the control	aterials are properly cla	ssified, describe	45401 d. packaged.	marked and	labeled, and are in proper condition for	
transportation according to the applical	ale regulations of the D	enartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature Law New	Print N	Name DAC	D NE	$\alpha$	Phone 4331311	
TRANSPORTER						
COMPANY					DE	
ADDRESS 100V						
CITY					PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print f	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAY	YOU LADEIL					
ADDRESS	•					
CITY DAGH KW	STATE 💪	1 // - /\			PHONE	
This is to certify completion of treatmen	t, storage, reclamation,					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ipon receipt	of signed copy of this manifest.	
Signature	Print I	Name	<del> </del>		Date	
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□ HAZARDOUS 12 NON—HAZARDOUS 12 WASTE 12 RECLAIMABLE MATL. NO. 19855

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL	DESCRIPTION
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GENERATOR DELCO MORA	HIPPED <u>37/76                                   </u>	EP	A IDENTIFIC	ATION COD	E NO. CIXIDO	CURSET
ADDRESS 1420 WISCON	ISIN RIVD		DI II	ATION CODE NO. ORDOLO 928367  ATE 1:D. NO		
CITYDAYTON,	STATE	OUIO	1 O	ZIP	PHONE	
This is to certify that the shove garges	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in	proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation :	and the EPA.	Keep gold copy	for your records.
Signature Advid New	Print N	Name DA	UDNE	<i>U</i>	Phone 2	45-634
TRANSPORTER						
COMPANY						
ADDRESS						
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards	were offered.
Signature	Print N	Name			Date Re	ceived
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SaTTH DAYTON	LANDEIN					
ADDRESS			JOE	3 NO		
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This is to certify completion of treatment		•			=	
your records. Forward white copy to	- · · · · · · · · · · · · · · · · · · ·	-		•	•	
Signature	Print N	lame			Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

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	SHIPPI	NG INFORM	ATION			
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COMPANY NAME DELCO MORAII	NE DIV. GMC					
ADDRESS1420 WISCONS	OTATE			710	DUONI	_ !
This is to certify that the above named m	aterials are properly cla	OHIO ssified describe	d. Baskaald.	marked and I	abeled, and are i	n proper condition for
This is to certify that the above named multiple of transportation according to the applications.	le regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold cop	y for your records.
Signature Danelle	Print N	lame DOV	DNEW		Phone	455-6391
TRANSPORTER						
COMPANY	<b>.</b>					
ADDRESS , A			JOI	B I.D. NO		
CITY	STATE					
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr		ľ
Signature	Print N	Name	·		Date R	eceived
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DA	YTON LANDA			and the second s		· · · · · · · · · · · · · · · · · · ·
ADDRESS /		1110	JOE	3 NO	PHONI	
0111	STATE <i>O</i>					
This is to certify completion of treatment your records. Forward white copy to	•	•			=	
Signature	=	=		•	-	
Signature	Print N	ame			Date _	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17887

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CASE OF EMERGENCY, NO	IIF1			11031	ELITIO. ITINOTOTTO.	
	SHIPPI	NG INFORM	ATION		<del>_</del>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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COMPANY NAME						
ADDRESS1420 WISCON						
CITY	STATE	- <u>^</u>	4540.1	ZIP	PHONE	
CITY DAYTON, This is to certify that the above named model of transportation according to the applicable transportation according to the according transportation according transportation according to the acc	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for	
transportation according to the applicant	le regulations of the De	epartment of Tra	insportation :	and the EPA.	Keep gold copy for your records.	
Signature Kull Abu	Print N	lame Ak	D/HU		Phone <u>455-639/</u>	
TRANSPORTER					<del></del>	
COMPANY					DE	
ADDRESS CITY					PHONE	
This is to certify acceptance of the abov						
Signature			-			
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DATE	N LANDEUL					
ADDRESS	-, -,					
CITY TYTON	STATE				PHONE	
This is to certify completion of treatment	•	•			-	
your records. Forward white copy to	· ·	•			A CONTRACTOR OF THE CONTRACTOR	
Signature	Print N	lame			Date	



## ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 17888

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IN CASE OF EMERGENCY, NO	TIFY:			IDAI	LEN NO. THA	CTON NO.
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DE	SCRIPTION
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ADDITIONAL						
INFORMATION:						
		RTIFICATIO				~ ^ ~ / · · · · ·
GENERATOR DATE S	NEPERV. GMC				ENO. OLDOLO	-
ADDRESS1420 WISCON			STA	ATE I.D. NO.		
CITY DAYTON,	CTATE	OHIO	45401	RCHASE OR	DER PHONE	
This is to certify that the above negretary	atetials are properly cla	ssified describe	d packaged			
transportation according to the applicat	ple regulations of the D	epartment of Tra	ansportation :	and the EPA.	Keep gold copy fo	r your records.
	Print N					
TRANSPORTER						
COMPANY					DE	
ADDRESS W						
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards wei	e offered.
Signature	Print N	lame			Date Recei	ved
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFIC	ATION COD	E NO	
COMPANY DAME DECT	AN LIMPFILL		STA	ATE I.D. NO.		<del>-</del>
ADDRESS						
J	STATE	/ ' '		•	PHONE	
This is to certify completion of treatment your records. Forward white copy to	- ·	•			-	i
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Signature	Print N	lame			Date	· · · · · · · · · · · · · · · · · · ·



# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 19859

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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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MONHAZ		10475	KOX		CONSETE 4
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	₽ LANI	DFILL	OTH	ER (Specify)
ADDITIONAL					
INFORMATION:					
	<i>^ ^ ^ ^ ^ ^ ^ ^ ^ ^</i>	RTIFICATIO			14/2/2020
GENERATOR DATE S COMPANY NAME DELCO MORAL	HIPPED GMC				ENO. 4000 2857
COMPANY NAME DELCO MICKA	SIN RIVD				
ADDRESS1420 WISCON		OHIO	45401	TID	DER PHONE
CITY	atoriala ara proporty ald				ı
This is to certify that the above perned of transportation according to the application	ole regulations of the De	ssilled, describe	u, packageu, ensportation :	and the FPA	Keen gold copy for your records.
Signature will how	ne regulations of the Di	Name Dad	D NET	l	Phone 455-639/
Signature Andrew Time	Print P	Name VIIOS	0 10/2		Phone 732 74
TRANSPORTER					
ADDRESS AND					DE
CITY			_		PHONE
This is to certify acceptance of the above					
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Signature	Print N	vame	<del></del>	<del></del>	Date Received
TREATMENT/DISPOSAL FACILITY	611/250111			-	E NO
COMPANY SOUTH & HYTO	IN THINGS	= : :::			
CITY DAGTON	STATE	7410			PHONE
This is to certify completion of treatmen	SIATE	or disposal in as			
your records. Forward white copy to					
	· -	-		•	• , , , ,
Signature	Print N	lame			Date



□ HAZARDOUS □ MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49320

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	SHIPPI	NG INFORM	ATION			
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GENERATOR DATE S COMPANY NAME DELCO MORAL	HIPPER STATE				ENO. OKDO4092854	
ADDRESS1420 WISCON	SIN BLVD.					
ADDRESS1420 WISCON CITY	STATE	0HI0	7 ON	IP	PHONE	
This is to certify that the above parties to	raterials are properly cla	ssified, describe	d, packaged, r	narked and I	abeled, and are in proper condition for	
This is to certify that the above parties transportation according to the applicat	ole regulations of the De	epartment of Tr	ansportation a	ind the EPA.	Keep gold copy for your records.	
Signature Advillan	Print N	vame//////	Mil	<del></del>	Phone <u>435-637/</u>	
TRANSPORTER		EP.	A IDENTIFICA	ATION NO		
COMPANY			STA	TE I.D. COD	PE	
ADDRESS CITY					0.1015	
This is to certify acceptance of the above					PHONE	
Signature						
TREATMENT/DISPOSAL FACILITY	Fint N					
COMPANY SOUTH DA	JUTON KANDI				E NO	
ADDRESS	/					
CITY DAYTON	STATE	( <i>////</i> //			PHONE	
This is to certify completion of treatment						
your records. Forward white copy to				•	*	
Signature	Print N	lame		<del></del>	Date	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1985

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
Non Hon		30-05	BOX		FLYBH	
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	MATER	RIAL DISPOS	SITION	-		
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ADDITIONAL						
INFORMATION:						
	~ ~ ~	RTIFICATIO				
GENERATOR DATE SI COMPANY NAME DELCO MORAII					ENO. 04D01692886/	
ADDRESS 1420 WISCONS					DER	
CITYDAYTON,						
This is to certify that the above named m						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	ind the EPA.	Keep gold copy for your records.	
Signature Javie New	, Print N	lame	RUD N	EU	Phone 455-631/	
TRANSPORTER			A IDENTIFICA	ATION NO		
COMPANY	2				DE	
ADDRESS	H					
CITY	STATE				PHONE	
This is to certify acceptance of the above						
Signature	Print N	lame			Date Received	
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TREATMENT/DISPOSAL FACILITY COMPANYSOUTHDAY1	1. LANDELI	//			E NO	
ADDRESS						
CITY DAYTON	STATE	1410			PHONE	
This is to certify completion of treatment						
your records. Forward white copy to	•					
Signature	-	•		· ·	-	



□ HAZARDOUS ₾ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1984

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NOTIFY:						
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·	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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TVDN/TOX	(	Days .	DOX		OCKAPWOOD))	
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	<u> </u>	RTIFICATIO	ANI			
GENERATOR DATE SI				ATION 000	ENO. OKDOLO92854	
COMPANY NAME DELCO MODA	INE DIV GMC		STA	TE LD NO	<i>'</i>	
ADDRESS1420 WISCON	ISIN-RI VD		PUF	RCHASE OR	DER	
CITY DAYTON, This is to certify that the above named m	STATE	ОНЮ	45401	ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, i	marked and I	abeled, and are in proper condition for	
transportation according to the application	fer regulations of the De	epartment of Tra	insportation a	and the EPA. •	Reep gold copy for your records.  Phone 455-6391	
	Print N					
TRANSPORTER COMPANY						
ADDRESS W	) F				DE	
CITY	STATE				PHONE	
This is to certify acceptance of the above						
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY	_	EPA	A IDENTIFICA	ATION CODE	NO	
COMPANY SOUTH	DAYTOW LAN					
ADDRESS						
CITY SUGTON	STATE				PHONE	
This is to certify completion of treatment your records. Forward white copy to	-				*	
	_	-		•	•	
Signature	Print N	lame		· · · · · · · · · · · · · · · · · · ·	Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 756

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IMMEDIATE RESPONSE INFORMATION /			#/		
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SHIF	PPING INFORM	IATION		<del></del>	
D.O.T. SHIPPING DESCRIPTION HAZARD CLAS	SS QUANTITY	CONTAIN	IER TYPE	MATERI	AL DESCRIPTION
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BEAT	TERIAL DISPO	SITION			
□ RECLAMATION □ INCINERATION		DFILL	OTHI	ER (Specify	v)
ADDITIONAL INFORMATION:					
	CERTIFICATION	ON			
GENERATOR DATE SHIPPED 3-1-8			ATION COD	E NO. 0/	0010928361
COMPANY NAMEDELCO_MORAINE_DIV. GMC					
ADDRESS1420 WISCONSIN BLVD.		PU	RCHASE OR	DER	
CITY STATE STATE This is to certify that the above named materials are properly	classified, describe	ed, pa <b>45494</b>	ZIP marked and l	PHC abeled, and a	re in proper condition for
transportation according to the applicable regulations of the	e Department of Tr	ansportation a	and the EPA.	Keep gold c	opy for your records.
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TRANSPORTER					
ADDRESS ///	· · · · · · · · · · · · · · · · · · ·	JOE	3 I.D. NO 		
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This is to certify acceptance of the above materials for ship	• •				Į.
Signature Pri					
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH MAYON LANDYING					
ADDRESS					
CITY DAYTON STATE	0410				ONE
This is to certify completion of treatment, storage, reclamation	on, or disposal in co				4.0
your records. Forward white copy to generator. Processi	•				
Signature Pri	nt Name		٠.	Date	•



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GENERATOR DATE S	HIPPED 3-85			TION COD	ENO AK	1001.0928571
COMPANY NAME DELCO MORA	INE DIV. GMC	EP	A IDENTIFICA STA	TELD NO	E 140. 200	<u>// 000/000</u>
ADDRESS 1420 WISCON						
CITYDAYTON	STATE	<u> </u>	Z	:IP	PHO	ONE
This is to certify that the above named more of the object transportation according to the applications.	aterials are properly cla	ssified, describe	d, packaged, r	narked and I	abeled, and a	re in proper condition for
transportation according to the applicat	ole regulations of the D	epartment of Tr	ansportation a مرسمرک	nd the EPA.	Keep gold o	copy for your records.
Signature Auxil New	Print f	Name 190	DNEU		Pho	ne 79576 //
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COMPANY						
ADDRESS	STATE					ONE
This is to certify acceptance of the above						
Signature	·					
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTON	LANDFILL					
ADDRESS						
CITY Dayjon	STATE					ONE
This is to certify completion of treatmen	_	· · · · · · · · · · · · · · · · · · ·			-	
your records. Forward white copy to	-	•		· ·	-	' ' I
Signature	Print I	Name		•	Dat	e



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1997

EMERGENCY INFORMATION				SCAL	SCALE INFORMATION		
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COMPANY NAME DELCO MORA	INE DIV. GMC		ST	ATE I.D. NO.			
ADDRESS1420 WISCON							
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE		
This is to certify that the above named m OHD 060928 transportation according to the applicat	aterials are properly.cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper	condition for	
transportation according to the applicat	ole regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for yo	ur records.	
Signature Danieller	Print N	Vame DANCE	OVEU	<u>-</u>	Phone 733	55//	
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.			
COMPANY					)E	Į.	
ADDRESS					PHONE		
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TREATMENT/DISPOSAL FACILITY  COMPANY	TUKAN TOUR				E NO	I	
ADDRESS	2.00					,	
CITY DAYTON	STATE C	en .// a			PHONE		
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your records. Forward white copy to	-	•			=	1	
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□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1937

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ADDRESS 1420 WISCON	SIN BLVD.					
ADDRESS 1420 WISCON DAYTON,	STATE	<u>0410</u>	45401	ZIP	PHO	NE
This is to certify that the above nameds	aterials are properly cla	ssified, describe	ed, packaged,	marked and I	abeled, and ar	e in proper condition for
transportation according to the applical	ole regulations of the De	epartment of Tr	ransportation	and the EPA.	Keep gold co	opy for your records.
Signature June New	Print	Vame ///	WINEU	· <del>-</del>	Phor	ne 4334 1/1
TRANSPORTER		EF	A IDENTIFIC	ATION NO.		
COMPANY			ST/	ATE I.D. COD	DE	
ADDRESS '						
CITY						NE
This is to certify acceptance of the above	•					ļ
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TREATMENT/DISPOSAL FACILITY	a. I I A. Mirair					
COMPANY SOUTH DAYTO	N LITUFIC					
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This is to certify completion of treatmen	•	<i>, , .</i>				
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GENERATOR DATE S					ENO. OKO 060 92854	
ADDRESS1420 WINCON					DER	
CITYDAYTON,	STATE	OHIO -	45401	ZIP	abolic and are in proper condition for	
This is to certify that the above named m transportation according to the applicat	aterials are properly cla 00 I	ssified, describe	a, packagea, ensportation :	marked and i	Keep gold copy for your records	
Signature Mallew	Print 1	Day	DIEU	2110 1110 2771.	Phone \$55-1391	
, ,	Print F					
TRANSPORTER						
ADDRESS ADDRESS					DE	
CITY	STATE				PHONE	
This is to certify acceptance of the above						
Signature	·				Date Received	
TREATMENT/DISPOSAL FACILITY	111110				E NO	
COMPANY	ALTON LANDA	TIV EP.			E NO.	
ADDRESS	//	-( - ()				
CITY DALFON	STATE	54/0			PHONE	
This is to certify completion of treatment	, storage, reclamation,	or disposal in co				
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	
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□ HAZARDOUS ♥ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17878

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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	NCINERATION	D LANI	DFILL	DOIN	ER (Specify)	
ADDITIONAL INFORMATION:				·		
	CI	RTIFICATIO	N			
GENERATOR DATES				ATION COD	ENO. SHDOLOGIES 66/	
COMPANY NAME DELCO MOLA	INE DIV. GMC		STA	TE I.D. NO.		
ADDRESS 1420 WISCONSIN B	(CD)		PUF	RCHASE OR	DER	
CITY	· · · · · · · · · · · · · · · · · · ·				PHONE	
This is to certify that the above named m						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.	
Signature Ashirities	Print N	Name DAO	10112	<u> </u>	Phone 455-639/	
TRANSPORTER						
COMPANY					DE	
ADDRESS					PHONE	
This is to certify acceptance of the above						
Signature	•	• •				
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAYS	on LANDEN				E NO	
ADDRESS						
CITY DAYTON	STATE				PHONE	
This is to certify completion of treatment						
your records. Forward white copy to	generator. Processing (	of your invoice	will begin up	on receipt	of signed copy of this manifest.	
Signature	Print N	lame		<u> </u>	Date	



□ HAZARDOUS NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 7988

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IN CASE OF EMERGENCY, NO	IN CASE OF EMERGENCY, NOTIFY			IDAI	LEN NO.	TRACTOR NO.
	SHIPPI	NG INFORM	ATION			
D,O.T. SHIPPING DESCRIPTION	NG DESCRIPTION HAZARD CLASS QUANTITY CONTAINE			ER TYPE	MATER	IAL DESCRIPTION
D,O.1. OF III 1 INCL DESCRIPTION	HAZAND CLASS	QUANTITY	CONTAIN	LN TITE	WIATEN	IAL DESCRIPTION
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GENERATOR DATES COMPANY NAME DELCO MORA	HIPPED GMC	<i>00</i> EP				10010928361
ADDRESS1420 WISCON						
	STATE	OHIO	45401	RCHASE ORDERPHONE		
This is to certify that the above named at the abov			d. packaged.	marked and I	abeled, and a	are in proper condition for
transportation according to the applicate	ole regulations of the De	epartment_of Tra	ansportation a	and the EPA.	Keep gold	copy for your records.
Signature Awil Mou		$\langle \Lambda \alpha \rangle$	UD NEC	r		one 455-639/
TRANSPORTER			A IDENTIFIC	ATION NO		
COMPANY	_					
ADDRESS ///						
CITY	STATE			ZIP	PH	ONE
This is to certify acceptance of the above	re materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placa	ards were offered.
Signature	Print N	Name		<del>-</del>	Dat	e Received
TREATMENT/DISPOSAL FACILITY	1/100	EP.	A IDENTIFICA			
COMPANY SUGTH DATTON	LINDFIN	<u> </u>		TE I.D. NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ADDRESS CITY DATION	STATE	04/0		3 NO		ONE
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed co	ppy of this manifest.
Signature	Print N	lame			Dat	e



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IN CASE OF EMERGENCY, NO	TIFY:			IRAI	LEK-NO.	TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIA	L DESCRIPTION
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ADDITIONAL INFORMATION:						
IN OTHER PORT						
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GENERATOR DATE S	HIPPED 3-17-8	EP.	A IDENTIFIC	ATION COD	ENO. OH	61092856
COMPANY NAMEDELCO MORA						
ADDRESS1420 WISCON				RCHASE ORDER		
CITY						
This is to certify that the above named m OHD 060928 transportation according to the applicat	paterials are properly cla 00 I	ssified, describe	d, packaged,	marked and	labeled, and are	e in proper condition for
Signature A Med Melu	Je regulations of the Di	epartment of Tra	(i) NE(I)	and the EFA	. Neep gold co	HSS 1391
	Print N					•
TRANSPORTER						
ADDRESS ADDRESS						
CITY						NE
This is to certify acceptance of the above						
Signature	·		• •			
TREATMENT/DISPOSAL FACILITY						
COMPANY SIGTFLOW FOR	LANDRIN					
ADDRESS						
CITY DAYTON	STATE 💋	410	;	ZIP	PHON	NE
This is to certify completion of treatment		•			=	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy	y of this manifest.
Signature	Print N	lame			Date .	
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□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1986

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIA	AL DESCRIPTION
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THE CHIMITATION.		<del></del>				
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GENERATOR DATE SI	NE DIV. GMC					DOLO 92 852/
ADDRESS 1420 WISCON	SIN BLVD.		-DL IC	CHASE OR	NEB	+
CITY	STATE	OHIO	45403	ZIP	PHO	NE
This is to certify that the above parred to	aterials are properly clas	ssified, describe	d, packaged, i	marked and l	abeled, and ar	e in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold co	opy for your records.
Signature Savalplu	Print N	lame DAU	DIECE		Phor	ne
TRANSPORTER						
ADDRESS A			JOE	3 I.D. NO		
CITY DITTE	STATE					
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placar	ds were offered.
Signature	Print N	lame			Date	Received
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COMPANY BOSTH DOCHON LI	MDFICE		STA	TE I.D. NO.		
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This is to certify completion of treatment	•	•	-		•	•
your records. Forward white copy to	_	•			.•	· · ·
Signature	Print N	lame		· · ·	Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 79898

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ADDITIONAL						
INFORMATION:						
	CI	RTIFICATIO	N			
GENERATOR DATE S	HIPPED 3-227	FF EP	A IDENTIFIC	ATION COD	ENO. 0/2/060 928521	
COMPANY NAME DELCO MORAL	NE DIV. GMC		STA	ATE I.D. NO.		
ADDRESS1420 WISCON					DER	
CITYDAYTON,		<del>- 0110</del>	<del> 4540\</del>	ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for	
This is to certify that the above named more than transportation according to the applications.	ob to ble regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.	
Signature Live New	Print N	lame DAUK	DNEU		Phone 455(39/	
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TRANSPORTER COMPANY	_				NF	
ADDRESS AND					DE	
CITY					PHONE	
This is to certify acceptance of the above					· ·	
	•					
Signature	Print N	lame	<del>-</del>		Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAYTON L	DEDE KL		STA	TE I.D. NO.		
ADDRESS			JOE	3 NO		
CITY DOLLTON					PHONE	
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance witl	h appropriate	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing (	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	



□ HAZARDOUS & NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19376

EMERGENCY INFORMATION				SCAL	E INFORMATION	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIP	MOIT
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ADDITIONAL						
INFORMATION:						
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GENERATOR DATE SI	HIPPED 3-23 6 ME DIV. GMC	EP.			ENO. <u>OHD 010928</u>	
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ADDRESS 1420 WISCON	ZIM BLAD.	01110			DER	
CITY	STATE	OHIO	40401	<u> </u>	PHONE	
This is to certify that the above parred of transportation according to the application	pregrais are properly class	ssined, describe	u, packayeu, i preportation a	nd the FPA	Keep gold copy for your	records
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Signature Nuw Now	Print N			<del></del>		1
TRANSPORTER						
COMPANY					E	i
ADDRESS CITY					PHONE	_
This is to certify acceptance of the above						ſ
	•	• •				
Signature	Print N					
TREATMENT/DISPOSAL FACILITY	1 , , , , , , , ,				E NO	
COMPANY DATTON	LANDEILL					
CITY Metrol	CTATE OF	2.18			PHONE	
This is to certify completion of treatment	etorage reclamation					I
your records. Forward white copy to	_					i i
Signature	_	-				
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□ HAZARDOUS INON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4940/

EMERGENCY INFORMATION	<u> </u>			SCA	LE INFORM	MATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERI	AL DESCRIPTION
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transportation according to the applicat	ole regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold c	opy for your records.
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TRANSPORTER						<u></u>
COMPANY						<u> </u>
ADDRESS						<del> </del>
CITY	STATE			ZIP	PHC	ONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	ppy for your r	ecords. Appi	opriate placa	rds were offered.
Signature	Print N	Name			Date	Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAYS	NEADFILL		ST/	ATE I.D. NO.		
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This is to certify completion of treatment		•			_	
your records. Forward white copy to		•		-		•
Signature	Print N	Name			Date	)



□ HAZARDOUS D NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49402

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8	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERI	AL DESCRIPTION
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GENERATOR DATE SH COMPANY NAME DELCO MORAIN	HIPPED 325-8	EP.	A IDENTIFICA			
ADDRESS1420 WISCONS	SIN RIVD		PLIE	RCHASE OR	DER	
CITY — DAYTON,	STATE	01110	45401	71P	PHC	ONE
This is to certify that the above named many of the 10092856 transportation according to the applicab	aterials are properly class I o I le regulations of the Do	ssified, describe epartment of Tra	d, packaged, i ansportation a	marked and I and the EPA.	abeled, and a Keep gold c	re in proper condition for copy for your records.
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TRANSPORTER COMPANY	1 -					<del></del>
ADDRESS AVI						
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This is to certify acceptance of the above						
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Signature	Print N	lame	<del></del> .	<del></del>	Date	e Heceived
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTO	N LANDFILL					
ADDRESS			JOE	3 NO		
CITY SAGTOW	STATE	H10	7	ZIP	PHO	ONE
This is to certify completion of treatment		•			-	· 1
your records. Forward white copy to g	generator. Processing of	of your invoice	will begin u	pon receipt	of signed co	py of this manifest.
Signature	Print N	lame			Date	9



□ HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 7777

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERI	AL DESCRIPTION
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GENERATOR DATES	HIPPED 3-29	- <i>-}}</i> EP	A IDENTIFIC	ATION COD	E NO. 0/2	1006092836/
COMPANY NAME DELCO MORA	ICINI DI VID	<del> </del>	STA	TE I.D. NO.		
ADDRESS 1420 WISCON CITY DAYTON.						
This is to certify that the above named and the control of the con						
transportation according to the applicat	ole regulations of the D	epartment of Tr	ansportation a	and the EPA	. Keep gold c	opy for your records.
Signature Such Abu	Print N	James DA( //	NEU		. U Pho	ne 455-6291
TRANSPORTER						
COMPANY						
ADDRESS						
CITY						ONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. App	ropriate placa	rds were offered.
Signature	Print N	Name	<del> </del>		Date	Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION COD	E NO	
COMPANY <u>SOUTH DAYTON</u>	LANDFILL	·	STA	TE I.D. NO.		
ADDRESS	STATE		JOE	NO		
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This is to certify completion of treatmen	_					
your records. Forward white copy to		•		•	•	•
Signature	Print N	lame			Date	



# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 47707

EMERGENCY INFORMATION	SCALE INFORMATION
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IN CASE OF EMERGENCY, NOTIFY.	TRAILER NO. TRACTOR NO.
SHIPPING INFORMATION	
D.Ó.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAIN	IER TYPE MATERIAL DESCRIPTION
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100/1/12	COUCKETE ADIKI
MATERIAL DISPOSITION	
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□ RECLAMATION □ INCINERATION ☑ LANDFILL	□ OTHER (Specify)
ADDITIONAL	
INFORMATION:	
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CENTIFICATION 2.20 IX	17:04 0005 NO 15th 11/19/28561
GENERATOR  DATE SHIPPED GMC STATE STATE OF	ATE I.D. NO.
ADDRESS 1420 WISCONSIN BLVD.	RCHASE ORDER
I VUIN ,	ZIP PHONE
This is to certify that the above property classified, described, packaged,	marked and labeled, and are in proper condition for
transportation according to the applicable regulations of the Department of Transportation	and the EPA. Keep gold copy for your records.
Signature Print Name DAVID WEC	Phone 455-639/
	ATION NO
COMPANYSTA	ATE I.D. CODE
	3 I.D. NO
	ZIP PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your re	ecords. Appropriate placards were offered.
Signature Print Name	Date Received
TREATMENT/DISPOSAL FACILITY EPA IDENTIFIC	ATION CODE NO.
, ·	ATE I.D. NO.
	3 NO
· · · · · · · · · · · · · · · · · · ·	ZIPPHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance wit your records. Forward white copy to generator. Processing of your invoice will begin u	
Signature Print Name	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49 4

EMERGENCY INFORMATION				SCALE INFORMATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
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RECLAMATION IN	NCINERATION	D LAN	DFILL	потн	ER (Specify)	
ADDITIONAL INFORMATION:		·····				
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GENERATOR DATE SI		-		ATION COD	ENO. 0420010928521	
ADDRESS1420 WISCON					DER	
CITYDAYTON	STATE	<del>- 0410</del>	<del>-45401</del>	ZIP	PHONE	
CITY DAYTON, This is to certify that the above named m transportation according to the applicat	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.	
Signature Alam New	Print N	lame <i>VAV</i>	DIE	<u>l</u>	Phone 455-(39)	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
COMPANY		<del></del>	ST/	ATE I.D. COL	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above	e materials for shipmer	it. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFIC	ATION COD	E NO	
COMPANY _SOUTH DAYTO	LAWFILL					
ADDRESS			JOI		<u> </u>	
C-V SOFITON	STATE	110		ZIP	PHONE	
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| HAZARDOUS & NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. NO. 1917

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ IN	CINERATION	LAN ه	DFILL	□ OTHE	ER (Specify)
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	-/-/	RTIFICATIO			3/17/2/18/2017
GENERATOR DATE SE	JIPPER GMC 37				ENO. <u>OHLOGO 728561</u>
OOM AN MANE					
ADDRESS		OHIO	454 PUR	CHASE OR	DER PHONE
This is to certify that the above conscious					
transportation according to the applicab					
Signature Annul Meu	Print N			VEL	Phone 455-(39)
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TRANSPORTER  COMPANY					)E
ADDRESS A					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY					PHONE
This is to certify acceptance of the above					
Signature	Print N	lame			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY SOUTH D AY	or LANDEIG				
ADDRESS					
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This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing o	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame	-		Date
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□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49723

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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					ENO. OH) OCO 9856/
ADDRESS1420 WISCON					DER
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This is to certify that the above pamed n	aterials are properly cla	issified, describe	ed, packaged,	marked and	labeled, and are in proper condition fo
This is to certify that the above named in transportation according to the applical	ble regulations of the D				
Signature Lavil New	Print I	Name <i>DR</i>	WD NE	<u>U</u>	Phone 453-6391
TRANSPORTER		EF	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the abo	•				
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY	1.2.11	EF	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DAYT	ON KAMPEIL	<i>C</i>			
ADDRESS -	<del></del>	6.17.4			
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This is to certify completion of treatment your records. Forward white copy to					
Signature	-			-	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4977

EMERGENCY INFORMATION		· · · · · · · · · · · · · · · · · · ·	<del></del>	SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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ADDRESS1420 WISCON					
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CITY DAYTON, This is to certify that the above parged in transportation according to the applica	parerials are properly cla 55 I ble regulations of the D	enartment of Tr	ansportation	and the EPA	. Keen gold copy for your records
Signature Kurl New	Print I	Nama \DAG	IN OF	ie	Phone 455-639/
1	Print i				,
TRANSPORTER					DE
ADDRESS AMILA					DE
CITY	•				PHONE
This is to certify acceptance of the abo					
Signature	Print f	Name			Date Received
TREATMENT/DISPOSAL FACILITY					DE NO
COMPANY SOUTH DAYTON	XADFILL.				
ADDRESS					
CITY MYTON	STATE	MeL.A			PHONE
This is to certify completion of treatmer	*				
your records. Forward white copy to	generator. Processing	of your invoice	will begin ι	pon receipt	of signed copy of this manifest.
Signature	Print I	Name			Date



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. ₩ 9 1/2 5

EMERGENCY INFORMATION				SCA	E INFORMATION	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	. MATERIAL DESCRIP	TION
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GENERATOR DATE SI COMPANY NAME DELCO MORA	HIPPED	_			ENO. <i>D/<del>K</del>/Dl OP</i> (	osef_
ADDRESS1420 WISCON					DER	
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This is to certify that the above parents	sterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper cor	
transportation according to the applicat	ole regulations of the Do	epartment of Tr	ansportation	and the EPA	LILT.	records.
Signature	Print N	Name			Phone	-//
TRANSPORTER						
ADDRESS	1M2				DE	
CITY	STATE				PHONE	
This is to certify acceptance of the above	- <del>-</del>					ed.
Signature	·					
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAY	TON LANTER					
ADDRESS						
CITY	STATE	0410			PHONE	
This is to certify completion of treatment						
your records. Forward white copy to	generator, Processing	of your invoice	will begin u	pon receipt	of signed copy of this man	ifest.
Signature	Print N	Name			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 70297

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAI	NER TYPE	MATERIAL DESCRIPTIO
	NON HAZ	30405	SCA	TEBOX	SCRAP WOOD
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GENERATOR DATES	SHIPPED 4-12	-89 EP	A IDENTIFIC	CATION COD	E NO
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ADDRESS			PU	RCHASE OR	DER
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COMPANY	<del></del>				)E
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	STATE			ZIP	PHONE
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	ve materials for shipme	nt. Keep pink co	ppy for your	records. Appr	opriate placards were offered.
This is to certify acceptance of the abo	ve materials for shipme		ppy for your	records. Appr	opriate placards were offered.  Date Received
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This is to certify acceptance of the abo Signature  TREATMENT/DISPOSAL FACILITY COMPANY  ADDRESS	Print ≀	vameEP	A IDENTIFIC	CATION COD ATE I.D. NO. B NO.	Date Received E NO.
This is to certify acceptance of the abo Signature  TREATMENT/DISPOSAL FACILITY COMPANY  SOUTH  ADDRESS  CITY  CITY	Print N YTON DUMI STATE 4	Name 0 5/4/0	A IDENTIFIC	CATION COD ATE I.D. NO. B NO. ZIP	Date Received E NO PHONE
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPT	rion -	
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CITY				RCHASE ORDER			
This is to certify that the above named m	naterials are properly cla	OHIO	45401 d. packaged.	marked and	abeled, and are in proper con	dition for	
This is to certify that the above named in transportation according to the applical	61 ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your r	ecords.	
Signature Qual New	Print I		UID NE		Phone 435-6	39/	
		• • •	A IDENTIFIC	ATION NO		<del>- /</del>	
TRANSPORTER COMPANY							
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This is to certify acceptance of the abo							
Signature	Print I	Name			Date Received		
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COMPANY	TON LANDETO	u "					
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This is to certify completion of treatmen					_ ·		
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# ENVIRONMENTAL MANIFEST | HAZARDOUS O'NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. NO. 1978

EMERGENCY INFORMATION			SCALE INFORMATION			
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TRANSPORTER						
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□ HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1999

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GENERATOR DELCO MORA	NE DIV. GMC				
ADDRESS 1420 WISCON	ISIN BLVD.				IDER
CITYDAYTON,					
This is to certify that the above parcents	aterials are properly clá	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applica-					
Signature — SUUSIO	Print !	Name 1	JP M		Phone
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS					
CITY					PHONE
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COMPANY _ Sattle DO	TYTOU LAD.				
ADDRESS	STATE	BH10			PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	_				
Signature	•	•	-		
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1977

EMERGENCY INFORMATION				SÇALE INFORMATION		
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COMPANY NAME DELCO MORAL	INE DIV. GNIC		ST.	ATE I.D. NO.		
ADDRESS1420 WISCON						
CITY DAYTON,	aterials are properly ald	OHIO	45401	marked and	PRONE	ion for
This is to certify that the above named in UHD 0609285 transportation according to the applical	ble regulations of the D	enartment of Tr	ansportation	and the EPA	. Keep gold copy for your reco	ords
Signature wavel Now	Print 1	(C)	900 NA		Phone	91
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TRANSPORTER COMPANY	<u> </u>	EP	A IDENTIFIC	ATE LD CO		
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COMPANY SOLTH DAYS	N LANDFIN	EP	א וטפאוודוט פד	ATE LD NO	/E NU	
ADDRESS				B NO.		
CITY DAYTON	STATEC	5410		ZIP	PHONE	
This is to certify completion of treatmen						
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1915 □

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COMPANY NAME DELCO MORAL						
ADDRESS1420 WISCON	SIN BLVD.				IDER	
CITYDAYTON,	STATE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ZIP	PHONE	
This is to certify that the above named m transportation according to the application	aterials are properly cla	issified, describe	d, packaged,	marked and	labeled, and are i	n proper condition fo
Signature Advad New	Print 1	Name DAU	DNEC		Phone	4556391
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		<del></del>
COMPANY			ST	ATE I.D. COI	DE	· · ·
ADDRESS	<u></u>		JO	B f.D. NO		
CITY		==			PHONE	
This is to certify acceptance of the above	e materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards	were offered.
Signature	Print I	Name			Date Re	eceived
TREATMENT/DISPOSAL FACILITY /	(1)	EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SAITH PAYTON	HINDFILL		ST	ATE I.D. NO.		
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□ HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1916

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GENERATOR DELCO MORAL	HIPPED 4-15- NE DIV. GMC				ENO. OKTOOLO928561
COMPANY NAME					
ADDRESS 1420 WISCON					DER
CITYDAYTON,					
This is to certify that the above garged a transportation according to the applicab	agerials are properly cla	ssilled, describe	a, packagea, anenortation :	marked and i	Keep gold copy for your records
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Signature <del>Little / 10 w</del>	Print r		•		
TRANSPORTER					
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This is to certify acceptance of the above					•
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This is to certify completion of treatment		•			
your records. Forward white copy to	-	•	•		
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# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 49 45 6

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GENERATOR DELCO MORAL	HIPPED 4-25-8 NE DIV. GMC				E NO. <i>D#DC</i>	
ADDRESS 1420 WISCON	SIN BLVD.		PU	RCHASE OF	DER	
CITYDAYTON,						
This is to certify that the above negrees transportation according to the applical	ble regulations of the D	epartment of Tra	ansportation	marked and and the EPA	labeled, and are in . Keep gold copy	proper condition for for your records.
Signature Lauce New	Print I	Name <i>DAO 12</i>	INEU		Phone _	455-639/
TRANSPORTER				ATION NO.	<u>-:</u>	•
COMPANY	<u> </u>					
ADDRESS						
CITY	STATE	<del> </del>		ZIP	PHONE	·
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your r	ecords. App	ropriate placards v	vere offered.
Signature	Print I	Name		<del>-</del>	Date Rec	eived
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAYTON	LADEIN		ST	ATE I.D. NO.		
CITY _ Dayson			JOL	B NO		
This is to certify completion of treatmen	-	•			•	
your records. Forward white copy to Signature		-	_	•		



□ HAZARDOUS → NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 994

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	HIPPED 4-27-0					
COMPANY NAME DELCO MORAL						
ADDRESS1420 WISCONS	SIN BLVD.		PU	JRCHASE ORDER		
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COMPANY						· · ·
ADDRESS						ONE
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Signature	•		• •			İ
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTUL	N LANDEILL					
ADDRESS						
CITY DAYTON						ONE
This is to certify completion of treatmen						
your records. Forward white copy to					-	
Signature	_	•	-	-	-	
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4977

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DELOG 1400 AL	UP DU/ DUA				ENO. DEL DOLOGIASOL
COMPANY NAME DELCO MORAIN					
ADDRESS1420 WISCONS					
CITYDAYTON,					
This is to certify that the above named m 0HD 05092856 transportation according to the applicat	aterials are properly cia ole regulations of the De	samed, describe enartment of Tr	u, packayeu, ansnortation	and the EPA	Keen gold copy for your records
Signature David New	Drint A	Name DAUL	DAFL	<u>.</u>	Phone 455-639/
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TRANSPORTER					
ADDRESS ADDRESS					DE
CITY					PHONE
This is to certify acceptance of the above					<b>1</b>
Signature		• •		•	i
TREATMENT/DISPOSAL FACILITY	,				
COMPANY SOUTH DAYS	IN LANDEIN				E NO
ADDRESS					
CITY DAYTON	STATE O				PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N	Name			Date



□ HAZARDOUS 12 NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1919110

EMERGENCY INFORMATION				SCALE INFORMATION		
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ADDITIONAL	-					
INFORMATION:						
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GENERATOR DELCO MORAL	HIPPED 4				ENO. 041)860928361	
COMPANT NAME	<del></del>					
ADDRESS 1420 WISCONS					DER	
					PHONE	
This is to certify that the above sage of transportation according to the applicable	sterials are properly cla	ssitied, describe	d, packaged,	marked and	labeled, and are in proper condition for	
( ) all Al	_	( 7)4.	ansportation	and the EPA		
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TRANSPORTER						
COMPANY	<u> </u>		ST/	ATE I.D. CO	DE	
ADDRESS ///					<del></del>	
CITY					PHONE	
This is to certify acceptance of the above	-	• •	•			
Signature	Print P	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH MYTO	IN LAND FIL	<u> </u>	ST/	ATE I.D. NO.		
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CITY DAYTON					PHONE	
This is to certify completion of treatment		•	•		-	
your records. Forward white copy to			_	-	. •	
Signature	Print P	Name	<del></del>		Date	



- HAZARDOUS O NON-HAZARDOUS O WASTE O RECLAIMABLE MATL. NO. 79773

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GENERATOR DATE S	NE DIV. GMC				E NO. D&DO10928561
ADDRESS 1420 WISCON	SIN BLVD.				IDER
CITYDAYTON,	STATE	OHIO	<del>45401</del>	ZIP	PHONE
This is to certify that the appropriation according to the applica	ble regulations of the D	epartment of Tra	ansportation	and the EPA	labeled, and are in proper condition fo . Keep gold copy for your records.
Signature Chical Non	Print N	Name AA	VAD NE	=u	Phone 433-634/
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY	<del></del>				DE
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CITY					PHONE
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Signature	Print N	Name	<del></del>		Date Received
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COMPANY	SIFTON LAND				
ADDRESS	<u> </u>				
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This is to certify completion of treatment your records. Forward white copy to	-				_
Signature	Print N	lame			Date



| HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO. | MINE | NO

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ADDRESS 1420 WISCO	NSIN RICID				DER	
CITY DAYTON	STATE				PHONE	
This is to certify that the above named n						
transportation according to the applica						
Signature	Print	Name			Phone <u>*+55-{-39/</u>	
TRANSPORTER						
COMPANY	•	Lr	ST	ATE LD COL		
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your i	ecords. App	ropriate placards were offered.	
Signature	Print I	Name	<del></del>	<del></del>	Date Received	
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COMPANY _SOUTH DAYTON	CANDELL					
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Signature	Print I	Name		·	Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 19978

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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COMPANY NAME DESCOMORA	NE .					
ADDRESS 1420 WISCONSI	N BLED		PU	RCHASE OR	DER	
CITY DAYTON					PHONE	
This is to certify that the above named n						
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.	
Signature A RUNCE Mou	Print I				Phone +55-(39/	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
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TREATMENT/DISPOSAL FACILITY	10000				E NO	
COMPANY SOUTH DAY ON L						
7)4 4	STATE C	40	JOI	ช NO	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to		•	•		•	
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□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1999

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
Nontlaz		30405	BOX		FLYASH	
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GENERATOR DATE S COMPANY NAME DELCO_MORA	HIPPED NNF DIV_GMC	<i>I.D.</i> EP	A IDENTIFIC	CATION COL	DE NO. Off) 01092856/	
ADDRESS1420 WISCO						
CITYDAYTON,						
This is to certify that the above named m	aterials are properly cla	ssified, describe	ed, packaged	marked and	labeled, and are in proper condition for	
This is to certify that the above named of HD 000928 transportation according to the applical	561 ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.	
Signature Lawel New	Print I	1 1 1	NEU		Phone 455-6391	
TRANSPORTER		•	A IDENTIFIC	CATION NO		
COMPANY					DE	
ADDRESS AME						
CITY					PHONE	
This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your	records. App	ropriate placards were offered.	
Signature	Print f	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAY	ON LANDEILL					
ADDRESS						
CITY DALHAN	STATE	Oct 1			PHONE	
This is to certify completion of treatmen		or disposal in c	ompliance wi	th appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	-	-				
Signature	Print I	Name			Date	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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GENERATOR DATES				ATION COD	ENO 0411/06/0928561	
COMPANY NAME DELCO MORA	INE DIV. GMC		STA	ATE I.D. NO.	DE NO. OHDO6092856/	
ADDRESS 1420 WISCO	NSIN BLYD.		PUF	RCHASE OR	RDER	
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named to	aterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.	
	Print !	Name 4000	NEU_		Phone <u>455-639/</u>	
TRANSPORTER	•	EP	A IDENTIFIC	ATION NO.		
COMPANY					DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the abo	·	• •				
Signature	Print !	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY Satty DATTON	LHOKIN					
ADDRESS		24/1	JOE	B NO	DUOLIE .	
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□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1948 Ø

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL C	DESCRIPTION
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GENERATOR DATE S	HIPPED 3-7-80 LINE DIV. GMC	EP	A IDENTIFIC	ATION COD	E NO. 07.110	10928541
ADDRESS 1420 WISCOI						
CITYDAYTON						
This is to certify that the apprending ந						
transportation according to the applicat	le regulations of the De	epartment of Tra	ansportation a	and the EPA	. Keep gold copy	for your records.
Signature Lund New	Print N	Name DAUA	NEU		Phone 2	155-139/
TRANSPORTER				ATION NO.		
COMPANY					DE	
ADDRESS			JOE	3 I.D. NO		
CITY	STATE		<del></del> ;	ZIP	PHONE .	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. App	ropriate placards w	vere offered.
Signature	Print N	Name	· - <del>-</del>		Date Rec	eived
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAY TON	LANDFILL					
ADDRESS						
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This is to certify completion of treatmenty your records. Forward white copy to		•			-	•
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□ HAZARDOUS ™ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49487

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	# LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
	CI	ERTIFICATION	)N			
GENERATOR DATE S				ATION COD	ENO 040010 928561	
COMPANY NAME DELCO MORA	INE DIV. GMC	<u>-</u>	ST	ATE I.D. NO.	ENO. <u>OHDOLO 92856/</u>	
COMPANY NAME DELCO MORA ADDRESS 1420 WISCOM	ISIN BLVD.		PU	RCHASE OF	DER	
CITYDAYTON,	STATE	<u> </u>	45401	ZIP	PHONE	
This is to certify that the above named g	aterials are properly clá	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applical	ole regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
Signature Laure New	Print f	Name () AC	IDNEU		Phone 453-4391	
TRANSPORTER		EP	A IDENTIFIC	CATION NO.	_ <del></del>	
COMPANY					DE	
ADDRESS	·		JO	B I.D. NO		
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TREATMENT/DISPOSAL FACILITY	a. 1. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				E NO	
COMPANY SOUTH DAY	ON AMOPILE					
CITY DAY 700	CTATE	0 1 0			DUONE	
This is to certify completion of treatmen					e regulations. Keep capary copy for	
your records. Forward white copy to	-		-			
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	SHIPP	ING INFORM	ATION			
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□ RECLAMATION □ II	NCINERATION	<b>₺</b> LANI	DFILL.	□OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
		ERTIFICATION	NAI	<del></del>		
CENTERATOR DATE O				ATION COD	ENO. OHDOLO928561	
GENERATOR DELCO MORA	INE DIV. GMC				E NO. 12/142/20012-007	
ADDRESS 1420 WISCON	NSIN BLVD.				IDER	
CITYDAYTON,	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the phoyersons 28	raterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applical	ole regulations of the D		,			
Signature Wer	Print I	Name 180	DNEU	<i>l</i>	Phone <u>155-6391</u>	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
COMPANY					DE	
ADDRESS - ADDRESS						
This is to certify acceptance of the above					PHONE ropriate placards were offered.	
Signature	·	• •				
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOLTH DAUTON	LANDEILL			· · · · · · · · · · · · · · · · · · ·		
ADDRESS _			JOI	B NO		
CITY MYTON					PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print I	Name			Date	



□ HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 77777

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIA	AL DESCRIPTION
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GENERATOR DATE S	HIDDED 5-7-	AF ED	A IDENTIFIC	ATION COD	ENO OA	D060928561
COMPANY NAME DELCO MORA	INE DIV. GMC	EP	A IDENTIFIC ST	ATE I.D. NO.	E NO. <u>2,27</u> 2	72000.
ADDRESS 1420 WISCON	ISIN BLVD.		PU	RCHASE OR	DER	
CITYDAYTON,						
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and ar	e in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tr	ansportation	and the EPA	. Keep aold ca	opy for your records
Signature Land New	Print N	Name JAUX	DNEW	<del></del>	Phor	ne 455-639/
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COMPANY						
ADDRESS						
CITY						NE
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Signature	Print N	Name		<del> </del>	Date	Received
TREATMENT/DISPOSAL FACILITY	1 10 6 1111					
COMPANY SOUTH DAY TO	NAMPIN					<del></del>
ADDRESS DATE						
CITY DAY ON						NE
This is to certify completion of treatment your records. Forward white copy to		•				
Signature	_	•	-	•	•	·



□ HAZARDOUS E NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1977

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	CHANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
D.O.T. SHIPPING DESCRIPTION	HAZAHU CLASS	QUANTITY	CONTAIN	NEN ITE	MATERIAL DESCRIPTION	
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ADDITIONAL INFORMATION:						
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OFNEDATOR DATE OF				CATION COD	DE NO. OHDOG 6928341	
GENERATOR DATE S COMPANY NAME DELCO MORA	HIPPED 3-10				E NO. (1)20001200 1	
ADDRESS1420 WISCON	ISIN BLVD.			RCHASE ORDER		
CITYDAYTON,	STATE	<u> </u>	<del>45401</del>	ZIP	PHONE	
This is to certify that the above carried at transportation according to the applicate Signature	aterials are properly cla ble regulations of the D	epartment of <u>Trans</u>	ed, packaged, ansportation	marked and and the EPA	labeled, and are in proper condition for . Keep gold copy for your records.	
TRANSPORTER		EP.	A IDENTIFIC	CATION NO.		
COMPANY	· <del>-</del> -				DE	
ADDRESS			JO	B I.D. NO		
CITY					PHONE	
This is to certify acceptance of the above	e materials for shipme	nt. Keep pink co	py for your i	records. App	ropriate placards were offered.	
Signature	Print 1	Name		<del></del>	Date Received	
TREATMENT/DISPOSAL FACILITY	.10	EP.	A IDENTIFIC	CATION COD	E NO	
COMPANY SOUTH DAYTON	LAWDEIN		ST	ATE I.D. NO.		
ADDRESS CITY DAYTON		44 4		=		
	STATE				PHONE	
This is to certify completion of treatmen your records. Forward white copy to						
					_	
Signature	Print N	Name			Date	



□ HAZARDOUS ♥ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1919

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\$	SHIPPI	NG INFORM	ATION	÷	<b>1</b>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	# LAN	DFILL	потн	ER (Specify)	
ADDITIONAL INFORMATION:	<del></del>				······································	
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GENERATOR DATE S		- 4 6		ATION COL	DE NO. OLD 010 928561	
COMPANY NAME DELCO MOR	AINE BIV. GMC				DE NO. 3 CO TO	
ADDRESS 1420 WISCO	NSIN BLVD.				RDER	
CITYDAYTON_	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above namedat	gaterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition fo	
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation a	and the EPA	. Keep gold copy for your records.	
Signature Souw New	Print I	Name DB	UD NE		Phone <u>455-1391</u>	
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.		
COMPANY			STA	TE I.D. CO	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the abo						
Signature	Print f	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	DE NO	
COMPANY SOUTH DAY	TON LANGE		STA	TE I.D. NO.		
ADDRESS	· · · · · · · · · · · · · · · · · · ·	- //	JOE	3 NO		
CITY	STATE	01110		ZIP	PHONE	
This is to certify completion of treatmen	=	=			•	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print P	Name		<del></del>	Date	
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□ HAZARDOUS Ø NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1914 918

EMERGENCY INFOR	MATION				SCAI	LE INFORMA	TION
IMMEDIATE RESPON	NSE INFOR	IMATION			#5		
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D.O.T. SHIPPING DESC	RIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL	DESCRIPTION
Non	HAZ		30175	BOX		SCRAPL	VQOD
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		MATER	RIAL DISPO	SITION			
□ RECLAMATION	- IN	CINERATION	LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL							
INFORMATION:			<u> </u>				
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			ERTIFICATION			- WW	10028/11
GENERATOR DE	DATE SI ELCO MORA	HIPPED 5-9-F	<u>Ø</u> EP	A IDENTIFIC	ATION COD	ENO. CATAL	60728561
ADDRESS	20 WISCON	NSIN BLVD.		517 PUI	RCHASE OR	IDER	
CITYDA	YTON	STATE	ОНЮ	45401	ZIP	PHONE	455-6391
This is to certify that the	17997879998	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in	proper condition fo
transportation ascording to	o the applicat	le regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy	for your records.
Signature A will	New	Print 1	Name DAG	DINEU	$\boldsymbol{\mathcal{U}}_{i}$	Phone	433-639/
TRANSPORTER			EP.	A IDENTIFIC	ATION NO.		
COMPANY	)					DE	
ADDRESS	HAK			jÒi	3 I.D. NO		
CITY	11116	STATE					· .
This is to certify acceptant	ce of the abov				4.00	ropriate placards	were offered.
Signature		Print N	Name			Date Re	eceived
TREATMENT/DISPOSAL F		10. DE. 11.	EP	A IDENTIFIC	ATION COD		· <del>· · · · · · · · · · · · · · · · · · </del>
COMPANY SOLFIA	417/0	~ PHUNICO	<u></u>				
CITY DATON	,	STATE	0410				
This is to certify completio	n of treatment						
your records. Forward w		•	•	-		-	-
Signature		-	•	_	-	•	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1949 6

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION				H		
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IN CASE OF EMERGENCY, NO	TIFY:			I TRAI	LER NO. TRACTOR NO.	
IN ONCE OF EMERICENCY, NO	(Xh.			]		
	Mille			<u> </u>		
	SHIPPI	NG INFORM	ATION		<del></del>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
Non Hae		BOYDS V	HOX		FLYFSH	
		/				
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			·			
	<u></u>					
	MATE	RIAL DISPOS	SITION	·	<u> </u>	
□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
	<u>-</u>				· · · · · · · · · · · · · · · · · · ·	
		ERTIFICATION			0420/06266/	
GENERATOR DELCO MORA	HINEEDIV. GMC 7				ENO. OHDOGO 928541	
ADDRESS 1420 WISCO	NSIN BLVD.		SI PU	RCHASE OR	DER	
CITYDAYTON.		OHIO				
This is to certify that the appropries transportation according to the applical Signature Law Now	ole regulations of the D		ansportation			
TRANSPORTER				ATION NO.		
COMPANY					DE	
ADDRESS	<u> </u>		JO	B I.D. NO		
CITY					PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your i	records. App	ropriate placards were offered.	
Signature	Print 1	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	. •	EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAYTON A	ANDEW					
ADDRESS					PHONE	
CITY DAYTON					•	
This is to certify completion of treatmen your records. Forward white copy to						
Signature		•				



□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1915 1

EMERGENCY INFORMATION	<u></u>			SCA	E INFORMATI	ON
IMMEDIATE RESPONSE INFOR	RMATION			11		
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IN CASE OF EMERGENCY, NO				INA	LEN NO. THA	ACTON NO.
	W/IIW	/				
8 **	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL D	ESCRIPTION
NonHAZ		3aps	BOX		FLYASH	
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	<del></del>	RIAL DISPOS			<del></del>	<del></del>
□ RECLAMATION □ II	CINERATION	€ LAN	DFILL	HTO	ER (Specify) _	
ADDITIONAL INFORMATION:						·
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	() See	RTIFICATIO	/N .		- 10 MM	7920561
GENERATOR DELCO MORAL	HIEPERV. GME /2	EP	A IDENTIFIC	ATTON COD	E NO. 124429	01205-1
ADDRESS1420 WISCON	SIN BLVD.			ATE 1.D. 140.	<del></del>	
CITYDAYTON,		оню	45401	ZIP	DER PHONE _	
This is to certify that the above நகுமுற்ற இத	Marials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in p	roper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation	and the EPA		/
Signature Court New	Print N	Name DAV	DNEU		Phone 7	55-677/
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.		· · · · · · · · · · · · · · · · · · ·
COMPANY					DE	
ADDRESS CITY					PHONE _	
This is to certify acceptance of the above						
Signature	·				-	
	FING					
TREATMENT/DISPOSAL FACILITY  COMPANY	LANDERN				E NO	
ADDRESS			JOL	B NO.		
CITY DAYTON	STATE	0410		ZIP	PHONE _	
This is to certify completion of treatmen		or disposal in co	mpliance wit	h appropriat	e regulations. Keep	canary copy for
your records. Forward white copy to	_	•	-	•	•	
Signature	Print N	Name			Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. #7507

EMERGENCY INFORMATION				SCA	LE INFORMA	TION	
IMMEDIATE RESPONSE INFORMATION				#			
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	Non	Hac		}	•		
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IN CASE OF EMERGENCY, NO	TIFY:	<del>,                                    </del>		I IHAI	LER NO.	TRACTOR NO.	
				}			
.**	SHIPPI	NG INFORM	ATION	I	<del></del>		
DOT SHIPPING DESCRIPTION	1147400 01 400	CHANTITY	CONTAIN	IED TYPE	MATERIAL	DECCRIPTION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL	DESCRIPTION	
h/m. //		20476	Dal	···	0.00		
Non Hay		Jug B	2001	<del></del>	CONCRE	TEX DIKT	
		/					
			<del>,</del>				
	22.475	DIAL DISPOS	NEIGH				
	MAIL	RIAL DISPOS	SITION				
□ RECLAMATION □ II	NCINERATION	D LAN	DFILL	□ OTHI	ER (Specify)		
ADDITIONAL							
INFORMATION:							
				<del>.</del>			
		ERTIFICATIO			- 675	110/00/71	
	HIPPED 5-14-						
	NE DIV. GMC						
ADDRESS1420 WISCO							
This is to certify that the above named in UHD 060928 transportation according to the applical	naterials are properly cla	OHIO	d. packa001	marked and	labeled, and are	in proper condition for	
transportation according to the applical	561 Die regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold cop	y for your records.	
Signature Killici M	eu Print 1	Name DAU	D NEC	e	Phone	455-6391	
TRANSPORTER							
COMPANY	•						
ADDRESS AND ADDRESS							
CITY							
This is to certify acceptance of the about	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appi	ropriate placards	were offered.	
Signature	Print I	Name			Date F	leceived	
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO		
COMPANY	refton LADGI	w					
ADDRESS			JO	B NO			
CITY DAYTON	STATE $oldsymbol{\mathcal{L}}$	110				E	
This is to certify completion of treatmen		•	•		•	•	
your records. Forward white copy to	_	-		•	• ,,		
Signature	Print N	Name	<del></del>	<del></del>	Date _		



□ HAZARDOUS 12 NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17508

<b>EMERGENCY INFORMATION</b>		EMERGENCY INFORMATION			
IMMEDIATE RESPONSE INFO	RMATION			#	
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	Non H	as			
				NET	WT
IN CASE OF EMERGENCY, NO	TIEV:			TRAI	LER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NO				יאורי	ELITIO. TRACTORIO.
***	SHIPPI	NG INFORM	IATION	<del></del>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
NONHAZ		30/15.	BOX		CONCRETE & DIRT
					<u>.</u>
<del></del>	MATE	I RIAL DISPO	SITION		
D DECLAMATION D					ED (016.)
<u></u>	NCINERATION	& LAN	DFILL	ПОІН	ER (Specify)
ADDITIONAL INFORMATION:					
	C	ERTIFICATION	<u> </u>		· .
GENERATOR DATE S				ATION COD	DE NO (HTXX/8986(/
COMPANY NAME DELCO MORA	INE DIV. GMC	EP	A IDENTIFIC	ATE I.D. NO.	DE NO. 04000866/
ADDRESS1420 WISCON	ISIN BLVD.		PUI	RCHASE OF	IDER
CITYDAYTON,	STATE	<del></del>	<del>- 45401</del>	ZIP	PHONE
This is to certify that the above garged;	gaterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition fo
transportation according to the applical	ble regulations of the D	epartment of Tr	ansportation :	and the EPA	Keep gold copy for your records.
Signature Khirib Now	Print !	Name DAU	W NEC	<i>L</i> ,	Phone <u>455-639/</u>
TRANSPORTER					· · ·
COMPANY					DE
ADDRESS					
This is to certify acceptance of the abo					PHONE
(	·				
Signature	Print f				
TREATMENT/DISPOSAL FACILITY COMPANY SOTTH DAYS	IN I ANDEIN	EP		. *	DE NO
ADDRESS	010 2717-0				
CITY DAYTON	STATE				PHONE
This is to certify completion of treatmen					
your records. Forward white copy to					=
Signature	Print I	Name			Date
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□ HAZARDOUS 🖰 NON—HAZARDOUS 🗆 WASTE 🗆 RECLAIMABLE MATL. NO. Ø 1907

EMERGENCY INFORMATION				SCA	LE INFORMATION
IMMEDIATE RESPONSE INFORMATION				#/	
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IN CASE OF EMERGENCY, NO	TIFY:	4		TRA	LER NO. TRACTOR NO.
	(S)/ (	lu-			
3	SHIPP	ING INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
Noulla		3000	Ray		CONSETT DIRT
TV UNF/ HZ		5-105	1001		00 124 12 W/14
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	MATE	RIAL DISPOS	SITION	<del></del>	
□ RECLAMATION □ II	NCINERATION	42 LAN	DFILL	□OTH	ER (Specify)
ADDITIONAL INFORMATION:					
		ERTIFICATION	ON .		<del></del>
GENERATOR DATE S	HIPPED _ 5-14-8	7EP	A IDENTIFIC	ATION COD	DENO. OH DOGO 928561
COMPANY NAME DELCO MORA	INE DIV. GMC		ST.	ATE I.D. NO.	
ADDRESS1420 WISCO	YSIN BLVD.		PU	RCHASE OF	IDER
CITYDAYTON,	STATE	OHIO	4540	ZIP	PHONE
This is to certify that the above named good transportation according to the applications.	raterials are properly cla 50 l ble regulations of the D	issified, describe	ea, packagea, ansportation	marked and	labeled, and are in proper condition to
Signature School New	Print l	Nama DAU	DNEU	·	Phone 4556391
TRANSPORTER					THORE
COMPANY					DE
ADDRESS ADDRESS					<b>7</b>
CITY					PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your i	records. App	ropriate placards were offered.
Signature	Print	Name			Date Received
TREATMENT/DISPOSAL FACILITY	/ 4 -	EP	A IDENTIFIC	ATION COD	DE NO
COMPANY _ SOUTH DAY	TOW LANDFILL	·	ST	ATE I.D. NO.	·
ADDRESS		1/11	JO	B NO	
,					PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	_	-	_	•	
Signature	Print I	Name			Date



□ HAZARDOUS Ø NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1950

<b>EMERGENCY INFORMATION</b>	<del></del>			SCA	E INFOR	MATION
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11 0405 05 545005107 110	TIEV					TRACTOR NO.
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	Med	<del></del>	<del></del>			
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATER	IAL DESCRIPTION
NONHAZ	<del></del>	30,00	BOX		Concle	TEXDIET
		7, ,				
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	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	# LAN	DFILL	□OTH	ER (Specif	y)
ADDITIONAL INFORMATION:			- <del></del>		·	
		EDTIFICATIO				
	<u>√</u>	ERTIFICATIO			- /V/	11/102877/
GENERATOR DELCO MORA	HIPPED 5-14-8 INE DIV. GMC	# EP	A IDENTIFIC ST	ATE LO NO	E NO. 977	DOLO928561
ADDRESS 1420 WISCON						
CITYDAYTON	STATE	оню				
This is to certify that the above paying a	gerials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and a	re in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation	and the EPA	. Keep gold o	copy for your records.
Signature Saw New	Print f	Name DAVA	DAFU		Pho	one <u>455-639/</u>
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.		<del></del>
COMPANY						<del></del>
ADDRESS					-	
This is to certify acceptance of the about						ONE
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Signature	Print r					
TREATMENT/DISPOSAL FACILITY  COMPANY SMITH DAYTON	LANDFILL					
ADDRESS	747, ,					
CITY DAYFON	STATE <i>Q</i>					
This is to certify completion of treatmen						·
your records. Forward white copy to						
Signature	Print N	Name			Dat	e
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1503

EMERGENCY INFORMATION	EMERGENCY INFORMATION			SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION			#/			
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.	
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\$	SHIDDI	ING INFORM	IATION			
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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Wov+/AZ		90ps	BOX_		CONCRETE XDIRT	
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	MATEI	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	# LAN	DFILL	DOTH	ER (Specify)	
	TONTENTON	271141	D. 100		(ороспу)	
ADDITIONAL						
INFORMATION:	<del></del>	<del> </del>				
	CI	ERTIFICATION	ON .		***	
GENERATOR DATE S				ATION COD	ENO. OHDO6092854/	
COMPANY NAMEDELCO_MORA						
ADDRESS1420 WISCO	NCIN BLVD		PUI	RCHASE OR	DER	
CITY	STATE	<b>A</b> 1116		ZIP	PHONE	
CITY DAYTON, This is to certify that the above named model transportation according by the applical	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applical	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature Will Now	Print f	Name <i>JA</i>	UD NE	$\alpha_{\underline{}}$	Phone 455-439/	
TRANSPORTER		EP.	A IDENTIFIC			
COMPANY	· · · · · · · · · · · · · · · · · · ·				DE	
ADDRESS						
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print I	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
	TON LANDEIL					
ADDRESS						
CITY DALFTON	STATE				PHONE	
This is to certify completion of treatmen		•			· ·	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print I	Name			Date	
	····					



□ HAZARDOUS © NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. PETE

EMERGENCY INFORMATION	EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION			#3				
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		7	<del>.</del>	NET	WT		
IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.		
	- (1)//Q	<del>//</del>					
<del></del>	SHIPPI	NG INFORM	ATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	r -	<u> </u>	IER TYPE	MATERIAL DESCRIPTION		
NonHan		30105.	BOX	·	844		
7)		1		.,			
					CONCRETE		
					DIRT		
	MATE	RIAL DISPOS	SITION				
□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ОТН	ER (Specify)		
ADDITIONAL INFORMATION:							
		ERTIFICATIO	NN .				
GENERATOR DATE S COMPANY NAME DELCO MORA	WIDDED 5-16-F		A IDENTIFIC	ATION COD	ENO 641)00928561		
COMPANY NAME DELCO MORA	NE DIV. GMC	Er	ST	ATE I.D. NO.	C NO. CINOS		
ADDRESS1420 WISCON	ISIN BLVD.		PU	RCHASE OF	DER		
CITYDAYTON,							
This is to certify that the above paraged transportation according to the applical	He regulations of the De	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.		
Signature	Print N	Name SM	10 ME	a	Phone 455-639/		
TRANSPORTER							
COMPANY					DE		
ADDRESS					BUONE		
This is to certify acceptance of the above					PHONE		
,	·	• •		• •	•		
Signature	Print r						
TREATMENT/DISPOSAL FACILITY COMPANY 5047 H DAY	TON LAWDEI	11 /			E NO		
ADDRESS	70 7 7						
CITY DAYTON	STATE				PHONE		
This is to certify completion of treatmen	t, storage, reclamation,						
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.		
Signature	Print P	Name			Date		
} <del></del>							



# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | PEUDS

EMERGENCY INFORMATION	MERGENCY INFORMATION			SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	IMMEDIATE RESPONSE INFORMATION			11/		
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İ	Nm	1-10m				
		/ W/		NET	WT	
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.	
	- (i) Ma	, )				
	W/W	<u> </u>		<u></u>		
· ·	SHIPPI	NG INFORM	IATION	<del></del>	<del></del>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
Non Hor		3015	Box		FLYASH	
		10			7	
l	<del></del>	<del> </del>				
	MATE	RIAL DISPOS	SITION			
	<del></del>		<del></del>	- 07:11		
□ RECLAMATION □ II	NCINERATION	₫ LAN	DFILL	ООТН	ER (Specify)	
ADDITIONAL INFORMATION:						
<u> </u>		ERTIFICATION	<u> </u>	<del></del>		
<u> </u>					- AHINIAGORA	
GENERATOR DATE S	HIPPED 5-/				ENO. 04001092884/	
ADDRESS 1420 WISCO						
CITYDAYTON,						
This is to certify that the above named of UHU 060928	naterials are properly cla	ssified, describe	ed. packaged.	marked and	abeled, and are in proper condition for	
transportation according to the applical	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.	
	Print I				Phone 455-639/	
<b>J</b> .					•	
TRANSPORTER COMPANY					DE	
ADDRESS ADDRESS						
CITY					PHONE	
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTON.	LADOU				E NO	
ADDRESS						
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CITYDAYTON,						
This is to certify that the above named in	aterials are properly cla	issified, describe	ed, packaged,	marked and	labeled, and a	re in proper condition for
transportation according to the applical	ole regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold c	opy for your records.
Signature David New	Print I	Name WAX	D NEU	<u> </u>	Pho	ne <u>455-[39]</u>
TRANSPORTER						
COMPANY	•					
ADDRESS						
CITY	STATE			ZIP	PHO	ONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	records. App	ropriate placa	rds were offered.
Signature	Print I	Name			Date	Received
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COMPANY SOUTH DAY	TON LADFILL					
ADDRESS						
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Signature	Print I	Name			Date	)



□ HAZARDOUS 1 NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 195121

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ADDRESS 1420 WISCOI					RDER
CITYDAYTON, This is to certify that the appropriates	SIAIE	— OHIO — —	45401	marked and	labeled, and are in proper condition for
transportation according to the applicat	ble regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.
Signature Augl Now	/ Print N		ON DI	Ele)	Phone 435-6391
	FIIICT	101110			•
TRANSPORTER COMPANY					DE
ADDRESS AND	•				DE
CITY					PHONE
This is to certify acceptance of the above			•		
Signature	•		•		•
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This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print N	Vame	: 		Date



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COMPANY NAME DELCO MORA						
ADDRESS 1420 WISCON	ISIN BLVD.		PÚI	RCHASE OR	DER	
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transportation according to the applical			_ / .	and the EPA	Keep gold copy for	your records.
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COMPANY	<del></del>		ST/	ATE I.D. CO	DE	<del></del>
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Signature	Print N	Name		· · · · · · · · · · · · · · · · · · ·	Date Receive	ea
TREATMENT/DISPOSAL FACILITY COMPANY 5047# DAY	TON LANDEIL	EP ル			E NO	
ADDRESS	70,					,
	STATE				PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to						
Signature	Print N	Name			Date	



□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1958

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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GENERATOR DELCO MORA	HIPPED 5-26-0 INE DIV. GMC				ENO. 040065428561	
ADDRESS 1420 WISCON					DER	
CITY DAYTON.		OHIO				
This is to certify that the above நகருத்த						
transportation according to the applical	ble regulations of the D	epartment_of Tra	ansportation	and the EPA.	Keep gold copy for your records.	
Signature Tavil New	Print !	Name (AW)	DRECE		Phone <u>433-6391</u>	
TRANSPORTER	,					
COMPANY	<u>/</u>		ST/	ATE I.D. COD	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the about	•	• •	• • •	• •	•	
Signature	Print I	Name			Date Received	
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COMPANY South Due flor	NAJACIO ICA					
CITY PAGETON	STATE				PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to						
Signature	Print N	Name			Date	



# ENVIRONMENTAL MANIFEST | HAZARDOUS | MON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. PROBEST

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COMPANY NAME DELCO MORE	HEBV. SMC-7				
ADDRESS1420 WISCO	NSIN ELVD.				RDER
					PHONE
This is to certify that the அந்நில் இருந்தில் இ					
transportation according to the applica		_	,		1177 1 721
Signature	Print I	Name A	IND IVE	<u>. U</u>	Phone <u>493-657/</u>
TRANSPORTER				•	
ADDRESS A	· _				DE
CITY					PHONE
This is to certify acceptance of the abo					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	& LAN	DFILL	□OTH	ER (Specify)
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GENERATOR DATE S	HIPPED 6-10-88	EP	A IDENTIFIC	ATION COL	DE NO. OFFDOLO 928561
COMPANY NAMEDELCO MORA	INE DIV. GMC				
ADDRESS1420 WISCON					
CITY	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named of transportation according to the applical	naterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition for
(	ole regulations of the D	epartment of Tr	ansportation	and the EPA	. Reep gold copy for your records.
Signature Kurd Now	Print f	Name 1110	D NE	· u	Phone 453-639/
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the abo		• •			
Signature	Print I	Name			Date Received
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COMPANY SOSTAL DAY ON	LANDEIN		ST	ATE I.D. NO.	. <u></u>
ADDRESS					
CITY DAYTON	-	•			PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print f	Name			Date



# ENVIRONMENTAL MANIFEST | HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 1955

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COMPANY NAMEDELCO_MORAII					
ADDRESS1420 WISCONS					DER
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Signature Sauce / Value	Print N	Name Digo	AMEU		Phone 7 27 29 1/
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COMPANY			ST	ATE I.D. CO	DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the above	-	• •			· ' '
Signature	Print N	Name	· · · · · ·		Date Received
TREATMENT/DISPOSAL FACILITY	11.0	EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DAY	100 LANG				
ADDRESS					
CITY ORGION	STATE	,,, -			PHONE
This is to certify completion of treatmen	-	•			•
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□ HAZARDOUS É NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1959

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GENERATOR DATE S COMPANY NAME DELCO MORAL	NE DIV. GMC	EP			E NO. <i>DA DIO 728541</i>
ADDRESS 1420 WISCON	ISIN BLVD.				15 - 10 - 10
CITYDAYTON,	STATE	OHIO	45401	ZIP	DERPHONE
This is to certify that the above named on OHD 000928	paterials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition for
transportation according to the applicat	ble regulations of the D	epartment of Tra	ansportation :	and the EPA.	Reep gold copy for your records.
Signature There I Signature	Print P	Vame DAUL	NEU		Phone 4536391
TRANSPORTER					
COMPANY					DE
ADDRESS			JOE	3 I.D. NO	
CITY	STATE		<del></del> ;	ZIP	PHONE
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	Name	·		Date Received
TREATMENT/DISPOSAL FACILITY	•	EP.	A IDENTIFIC	ATION COD	E NO
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ADDRESS				,	
CITY DAYTON	STĂTE	XH10			BHONE
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Signature Patricia 4.7	Ducker Print N	tame #X4TK	ICIA F	1. WIL	CHEKDate 1//3/80



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D.Ó.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	-			ATION COL	DE NO. 04.006.092856/
COMPANY NAME DELCO MORA	INE DIV. GMC	Er	ST	ATE I.D. NO.	
ADDRESS 1420 WISCOI	VSIN BLVD.		PU	RCHASE OF	IDER
CITYBAYTON.	STATE	OHIO	45	ZIP	PHONE
This is to certify that the above named a	paterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition fo
transportation according to the applical	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Phone 455-639/
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ADDRESS	<i>, ,,</i>				RUONE
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Signature			•		
TREATMENT/DISPOSAL FACILITY	rint r				
COMPANY SOUTH DAMEN	LANDEUL				E NO
ADDRESS.					
ADDRESS CITY SALTING	STATE OF				PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	_				
Signature	Print N	Name		<del></del>	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ PEDE

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COMPANY NAMEDELCO_MORAL						
ADDRESS1420 WISCON	SIN BLVD.		PUI	RCHASE OR	DER	
This is to certify that the above named m	STATE	OHIO-	4540:	ZIP	PHONE	
transportation according to the applicat	iaterials are properly cla	ssified, describe	a, packagea, posportation	marked and	Keen gold copy for you	onation for records
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Signature — MUCHVLW	Print P				Phone 155	201
TRANSPORTER						
ADDRESS					DE	
CITY					PHONE	
This is to certify acceptance of the about						
Signature	·	• •			•	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFIC COMPANY SOUTH DAYTON LADEIN ST.					E NO	
ADDRESS						
CITY DAYTON	STATE	<u> </u>			PHONE	
This is to certify completion of treatmen	t, storage, reclamation,					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this m	anifest.
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NU. 1093□

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	WON HAZ	30 YOS	BOX	SCRAP WOOD
	MATER	RIAL DISPOS	SITION	
RECLAMATION	NCINERATION			HER (Specify) Dump
SENERATOR DATE S	ing the first of the first of the contract of		A IDENTIFICATION CO	
DDRESS			PURCHASE C	ORDER
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his is to certify that the above named nansportation according to the applica ignature August Ut	ble regulations of the D	epartment of Tra		A. Keep gold copy for your recor
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

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COMPANY NAME DELCO MORA	INE DIV. GMC		ST	ATE I.D. NO.		
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. ## EBE

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s *·	SHIPPI	NG INFORM	IATION			
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Signature	Print P	Name DAU	D NEU	<u> </u>	Phone	
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COMPANY			ST	ATE I.D. COI	DE	
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COMPANY SOUTH D AYTON	ZHMF10-					
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COMPANY NAMEDELCO_MORAL	•					
				JRCHASE ORDER		
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I This is to certify that the above named m	naterials are properly cla	ssified, describe	ed, packaged.	marked and	labeled, and are in proper condition for	
transportation according to the application	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.	
Signature — Halling	Print I	Name <i>DA</i>	/(/) N= C		Phone	
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COMPANY	- / 1.1				DE	
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This is to certify that the above constant transportation according to the applicat	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
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Signature 4) WWW New	Print N	Name	<i>VD</i>	7 0	Phone 45575//	
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This is to certify acceptance of the above					the state of the s	
Signature	•	• •	• •		•	
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COMPANY SOUTH DAYS	N LANTILL				DE NO	
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ipon receipt	of signed copy of this manifest.	
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GENERATOR DATE S  COMPANY NAME DELCO MORAI	HIPPED				ENO. DED 040 92854		
ADDRESS 1420 WISCON					DER		
	STATE	0000	PU	TIP	PHONE		
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transportation according to the applicat	hia raquilations of the D	anariment of Tr	anenortation	and the EPA	Keep gold copy for your records.		
Signature <u>Lawronow</u>	Print N	Name Ale	UD NE	a	Phone 455-(54)		
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COMPANY					DE		
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COMPANY ADDRESS	JOST H THY	TOW LAMEDA					
ADDRESS CITY	STATE	0410		B NO 71P	PHONE		
This is to certify completion of freatmen		or disposal in co					
your records. Forward white copy to							
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1977 1979

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COMPANY NAME DELCO MOR	HIPPED AINE DIV GMC					<del>-</del> /
ADDRESS1420 WISCO	NSIN BLVD.				IDER	
		OHIO	45401	ZIP	PHONE	
This is to certify that the above parced and						n for
transportation according to the applicat	ole regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your record	ds.
Signature Kure New	Print N	Name 190	D NEC	<u>e</u>	Phone 455-C39/	
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COMPANY			ST/	ATE I.D. COI	DE	•
ADDRESS	<i></i>		JOI	B I.D. NO		
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print I	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	_	EP	A IDENTIFIC	ATION COD	E NO	
COMPANY	YTON LANGE	L	ST/	ATE I.D. NO.		
ADDRESS		0//	JOI	B NO		
CITY - HAUTON	STATE	KH10		ZIP	PHONE	
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy	for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	• •
Signature	Print 1	Name			Date	



□ HAZARDOUS 12 NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1784

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ADDRESS 1420 WISCO	NSIN BLVD.				DER	
	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named	aterials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condi	tion for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your rec	ords.
Signature Stull Now	Print N	vame DAK	D NEU	<u> </u>	Phone 455-1349	$\mathbb{Z}_{-}$
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
COMPANY			STA	ATE I.D. CO	DE	
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CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above	re materials for shipmer	nt. Keep pink co	py for your re	ecords. Appi	opriate placards were offered.	
Signature	Print N	Name			Date Received	
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COMPANY SOUTH DAY	TOW LANDFIL	U				
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COMPANY NAMEDELCOMORP	METUV. GWO	<u></u> , EF	A IDENTIFIC ST	ATE I.D: NO.	DER CONTRACTOR OF THE CONTRACT
ADDRESS 1420 WISCO	NSIN BLVD.	0410-	45400	RCHASE OF	IDER
CITY DAYTON,	STATE			ZIP	PHONE
This is to certify that the @##De060026					
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation	and the EPA	16-1201
Signature	Print N	Name DAU	DNEW		Phone <u>433-139/</u>
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CITY DAYTON	STATE	0 / 2 4			PHONE
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your records. Forward white copy to	-	-			
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□ HAZARDOUS ® NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1991

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GENERATOR DATES COMPANY NAME DELCO MORA	HIPPED8-2	S EP	A IDENTIFIC	ATION COD	ENO MADOLO92856/
COMPANY NAME DELCO MORA	NE DIV. GMC		ST	ATE I.D. NO.	
LADDRESS 1420 WISCON	ISIN READ.		DII	RCHASE OR	IDER
CITYDAYTON,	STATE	OHIO		ZIP	PHONE
This is to certify that the above paraged or	Berials are properly cla	issified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applical	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature Saved New	Print I	Name 190	y juga	· ··· <del></del>	Phone 753 4 3 7/
TRANSPORTER -		EP.	A IDENTIFIC	ATION NO.	· · · · · · · · · · · · · · · · · · ·
COMPANY					DE
ADDRESS		<del> </del>			
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Signature	Print !				
TREATMENT/DISPOSAL FACILITY	AYTON SAN	ACCCC EP.			PE NO
COMPANY SOME	MALION WAR	1016	ST	ATE I.D. NO.	
ADDRESS /XVIII		74110	JO	B NO	PHONE
This is to certify completion of treatmen		-	-		•
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Signature	Print I	Name			Date



□ HAZARDOUS L' NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1971 55

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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COMPANY NAME DELCO MORA	TREEDV. GMC 8-5	EP			E NO. (12/1/2012)
ADDRESS 1420 WISCOM	VSIN BLVD.		RU	RCHASE OR	DER
CITYDAYTON,		OHIO	4540.	ZIP	DER PHONE
This is to certify that the spoyers 19928			d, packaged,	marked and	labeled, and are in proper condition
transportation according to the applical	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your record .
Signature Fluid Now	Print f	Name AWA			Phone <u>455-6391</u>
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COMPANY					DE
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This is to cortifu account on a fall of the sale.					PHONE
This is to certify acceptance of the about	•	• •		• •	•
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TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY	WINDER	EP			E NO
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CITY THYTON	STATE				PHONE
This is to certify completion of treatmen					
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□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1985

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DOT CHIRDING DECORIDATION	11474BB 61466	CHANTITY	CONTAIN	IED TYPE	MATERIAL DESCRIPTION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPT	ION
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GENERATOR DATE S	HIPPED S-4- INE DIV. GMC				ENO. OKT ) 0604285	
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TRANSPORTER COMPANY					DE	
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CITY DIAVO	STATE				PHONE	
This is to certify acceptance of the abo						
Signature	Print f	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAY TO	iANDELL				E NO.	
ADDRESS			JO	B NO		
CITY DRYTON	STATE <u>Ø</u>	410		ZIP	PHONE	
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wi	th appropriat	e regulations. Keep canary co	py for
your records. Forward white copy to	_	_		-		
Signature	Print N	Name			Date	
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□ HAZARDOUS © NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1945

EMERGENCY INFORMATION	<del>*</del>			SCAI	LE INFORMATION
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GENERATOR DATE S	HIPPED 8-40	<i>-</i> 1		ATION COD	ENO. OHOOLO928561
COMPANY NAME DELCO MORAL	NE DIV. GMC				
ADDRESS 1420 WISCON					IDER
CITY	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named of OHD 060928 transportation according to the applical	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applical	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature HUNCO /VI	Print !	Varne 11	OLD THE	-U	Phone 455-634/
TRANSPORTER		and the second second			
COMPANY					DE
ADDRESS	·				BUOLE
This is to certify acceptance of the about					PHONE
Signature	•				Date Received
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TREATMENT/DISPOSAL FACILITY COMPANY 524 H DAY	TON / NOT	-166 EP			E NO
ADDRESS	The state of the s	<u> </u>			
CITY DHGTON	STATE	0410			PHONE
This is to certify completion of treatmen		or disposal in co			
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print 1	Name			Date



□ HAZARDOUS Ø NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4965

EMERGENCY INFORMATION				SCA	LE INFORMATION
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COMPANY NAME DELCO MORA	THE DIV. GIVIC				·
ADDRESS 1420 WISCO	<del></del>		PUI	RCHASE OF	IDER
CITYDAYTON.					PHONE
This is to certify that the above name 28					
transportation according to the applica		1 1 1		and the EPA	. Keep gold copy for your records.
Signature Nous Pour	Print !	Name UP	VIU I'	u_	Phone 455-639/
TRANSPORTER	_	EP.	A IDENTIFIC	ATION NO.	
COMPANY	1				DE
ADDRESS					
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This is to certify acceptance of the abo	•				·
Signature	Print f				
TREATMENT/DISPOSAL FACILITY	-1 11-				E NO
COMPANY _ SOUTH DAY	MON KHI)				
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ADDRESS CITY DAYTON	STATE	0410	:		PHONE
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CITY WAYTON	generator. Processing	OH/O or disposal in co of your invoice	ompliance wit will begin u	h appropriat pon receipt	e regulations. Keep canary copy for of signed copy of this manifest.



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ADDITIONAL INFORMATION:						
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GENERATOR DATE S				ATION COD	DE NO. BHOGO92	8561
COMPANY NAME DELCO MORA	HIPPED V. GMC 8-7	<u> </u>			ENO. <u>5 (1) 5 5 5 5 5</u>	
ADDRESS 1420 WISCO	NSIN BLVD.					
CITY	STATE	OHIO	45401	ZIP	DER PHONE	
This is to certify that the above none	sgerjals are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper o	condition for
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for you	r records.
Signature Laure New	Print I	Name LAO	W NEW		Phone 455-6	,37/
TRANSPORTER					<del></del>	
COMPANY	<u> </u>				DE	
ADDRESS					PHONE	
This is to certify acceptance of the abo						
Signature	•	• •			· •	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAY	TON LANDEIN					
ADDRESS						
CITY DAYTON	STATE	0400			PHONE	
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wit	h appropriat	e regulations. Keep canar	y copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this m	anifest.
Signature	Print P	Name			Date	
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EMERGENCY INFORMATION				SCA	LE INFORMATION
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ADDITIONAL INFORMATION:					
·	CI	ERTIFICATIO	)N		R1/30/100 (2/1
GENERATOR DATE SI COMPANY NAME DELCO MORAL					ENO. OKO 010928541
ADDRESS1420 WISCON					
CITYDAYTON					
This is to certify that the above pamed m	aterials are properly cla	ssified, describe	<del>- 43401</del> d, packaged,	marked and	labeled, and are in proper condition for
This is to certify that the above pamed in transportation according to the applicable	ole regulations of the De	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature Saul New	Print N	Name DAV	DNEU		Phone 455439
TRANSPORTER					
COMPANY		_			DE
ADDRESS			JO	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your i	ecords. Appi	ropriate placards were offered.
Signature	Print N	Name	· <del></del> · ·	<del></del> -	Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH WAY	IN LAND FIL	<i>iv</i>	ST.	ATE I.D. NO.	
ADDRESS			JO	B NO	
CITY DAYTON					PHONE
This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N	Name			Date



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19668

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	SHIPPI	NG INFORM	ATION		·
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		ERTIFICATIO	NAJ	<del></del>	<del></del>
GENERATOR DATE S		~ ^		ATION COD	ENO. 040 060 928541
	INE DIV. GMC	EF			Eno. diggroup 12001
ADDRESS 1420 WISCOI	NSIN BLVD.		PU	RCHASE OR	DER
CITYDAYTON,	STATE	OHIO			PHONE
This is to certify that the above 180928	gerials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation	and the EPA.	
Signature — *Suru 10 000	Print N	Name / ) AU			Phone
TRANSPORTER	:	EP	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS					PHONE
This is to certify acceptance of the above					
Signature	·				
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COMPANY SOLTH SHYTO	WLANFILL				E NO
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CITY DAYTOW	STATE				PHONE
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature G. Wilcher	Print N	Name L.	VILCH	ER	Date
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. [

<b>IMMEDIATE RESPONSE INFO</b>	-	_		SCA	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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□ HAZARDOUS & NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 10486

EMERGENCY INFORMATION	<del></del>	<del></del>		SCAL	E INFORMA	TION
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		RIAL DISPOS		<del></del>	·	0.7.40
□ RECLAMATION □ I	NCINERATION (	□ LAN	DFILL	· DOTH	ER (Specify)	DUMP
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COMPANY NAME			ST/	ATE I.D. NO.		
ADDRESS	SHIPPED 876	: · · · · · · · · · · · · · · · · · · ·	PUI	RCHASE OR	DER	and the second
CITY	STATE	<del></del>	;	ZiP	PHON	E
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Signature ( ) Cuffe ( )	Figure 1	Name WAY	NE (1)	ATSDA.	) Dhana	455-639
- //	Print	,				
TRANSPORTER COMPANY		EP	A IDENTIFIC	ATION NO. ATE I.D. COI		
ADDRESS	7/2			3 I.D. NO	/ <b>L</b>	
CITY	STATE			ZIP	PHON	E
This is to certify acceptance of the abo	ove materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards	were offered.
Signature	Print !	Name	<u> </u>		Date R	eceived
TREATMENT/DISPOSAL FACILITY	Non Dum	() EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SULTIF DIT	YION DUINI			ATE I.D. NO.	· <del></del>	
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□ HAZARDOUS © NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 47775

EMERGENCY INFORMATION				SCA	LE INFORMATION
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	CHIDDI	ING INFORM	ATION	· · · · · ·	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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Non/for		30475	1301		SCRAPULLOD
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□ RECLAMATION □ II	NCINERATION	& LAN	DEILI	потн	ER (Specify)
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ADDITIONAL					
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GENERATOR DATE S				ATION COD	DE NO. DHD 66692854/
COMPANY NAME					
ADDRESS1420 WISCON					IDER
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I DATION.					
This is to certify that the above named more of transportation according to the applical	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature Suld New	Print I	Name ////	1) NEU	<u></u>	Phone <u>455-639/</u>
TRANSPORTER	•	EP	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS	- · · · · · · · · · · · · · · · · · · ·		JOI	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	DE NO
COMPANY SOUTH DAYTO	W LADRIU		STA	ATE I.D. NO.	
ADDRESS/	···		JOE	3 NO	
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This is to certify completion of treatmen					
your records. Forward white copy to	_	-	_	•	• • • • • • • • • • • • • • • • • • • •
Signature	Print N	Name		<del></del>	Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL NO. [20489

EMERGENCY INFORMATION		·		SCA	LE INFORMAT	TION
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O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL	DESCRIPTION
	NON HAZ	30 YUS	BOX		SCRAP	WOOD
The Control of the Co				. ( . <sup>1</sup> · <sup>1</sup>		
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ADDITIONAL						
INFORMATION:					<u> </u>	
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GENERATOR DATE S COMPANY NAME	SHIPPED 8-1/-	EP	A IDENTIFIC		DE NO	<u> </u>
ADDRESS		•		RCHASE OF		
CITY	STATE			ZIP	PHONE	~ i
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transportation/according to the applical						
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TRANSPORTER /	_					
COMPANY	112				DE	
ADDRESS	/L STATE				PHONE	
This is to certify acceptance of the abo	,					
Signature	Print I	•				
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY	TON DUMI	.7			DE NO	1
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□ HAZARDOUS → NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 7 7 8 3

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□ HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17787

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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 10500

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□ HAZARDOUS ₺ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19795

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	NINE DIV. GMC					
ADDRESS1420 WISCO						
CITY	STATE			ZIP	PHO	ONE
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	of regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold c	opy for your records.
Signature Kull / VU	Print 1	Name PAU	W NE	$\omega_{-}$	Pho	ne <u>435-639/</u>
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Signature	Print r					
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY	TON LANDA	E/LL EP				
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed cop	py of this manifest.
Signature	Print N	Name	<del></del>	·	Date	)



□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1777

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ADDRESS 1420 WISCO					DER	
CITYDAYTON,						
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transportation according to the applica	ble regulations of the Do	epartment of Tr	ansportation :	and the EPA	. Keep gold copy for your records	
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Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
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Signature	Print N	Name			Date	



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1051

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## ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 47799

EMERGENCY INFORMATION				SCALE INFORMATION		
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transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature Kund New	Print N	Name	ULD NE	=0	Phone <u>455-6391</u>	
TRANSPORTER					<u> </u>	
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This is to certify acceptance of the above						
Signature	·	, ,	-	• •		
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SOUTH DAYTON	LANDFIN				E NO.	
ADDRESS						
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This is to certify completion of treatmen						
your records. Forward white copy to	-	-	_	•	• • •	
Signature	Print N	lame		<del>-</del>	Date	



# ENVIRONMENTAL MANIFEST | HAZARDOUS @ NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. NO. 49807

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TRANSPORTER	·/						
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□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1980 □

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transportation according to the application	ble regulations of the D	epartment,of Tr	ansportati9h	and the EPA	Keep gold copy for your records.	
Signature Mul // //	Print f	Name AAC	110 /VE		Phone <u>435-6391</u>	
TRANSPORTER		EP	À IDENTIFIC	ATION NO.		
COMPANY			ST/	ATE I.D. CO	DE	
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your r	ecords. App	ropriate placards were offered.	
Signature	Print f	Name			Date Received	
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□ HAZARDOUS D'NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1778 0

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COMPANY			ST	ATE I.D. COI	DE		
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Signature	Print I						
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ADDRESS							
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This is to certify completion of treatmen							
your records. Forward white copy to	-	•			- ·		
Signature	Print I	Name			Date		



□ HAZARDOUS ♠ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1998/0

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COMPANY NAME DELCO MORAL ADDRESS 1420 WISCON	NE DIV. GMC		ST	ATE I.D. NO.		
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Signature Kluw New		Name DAU			Phone 455-639/	
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TRANSPORTER COMPANY	_					
ADDRESS ATT					VE	
CITY			·-		PHONE	
This is to certify acceptance of the abo						
Signature	Print N	Name			Date Received	
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ADDRESS			JOI	B NO		
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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wit	h appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Name			Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø Ø Ø Ø Ø

EMERGENCY INFORMATION				SCALE INFORMATION		
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□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NU. 19819

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transportation according to the applical	ble regulations of the D	epartment of Tr	ansportation	and the EPA		
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COMPANY	· ·				DE	
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COMPANY A					DE	
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This is to certify acceptance of the abo						
Signature	Print t	Name		_	Date Received	
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CITY DAYTON	STATE <i></i>				PHONE	
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wit	th appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ipon receipt	of signed copy of this manifest.	
Signature	Print I	Name	<del></del>	<del></del>	Date	



□ HAZARDOUS © NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1999

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	SHIPPI	NG INFORM	ATION		
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GENERATOR DELCO TREES	HIPPED 9-14	<i></i> EP			ENO. OHDOLO92856/
ADDRESS 1420 WISCON	ISIN BLVD.		. DI I	DUHASE OB	NED
710011100	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the physical property		ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applicat		epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature Adval New	Print N	Name MU	DNEU	· 	Phone 455-639/
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	· · · · · · · · · · · · · · · · · · ·
COMPANY			ST/	ATE I.D. COL	DE
ADDRESS			JO	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appr	ropriate placards were offered.
Signature	Print N	Name	<del></del>		Date Received
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DAY	TON LANDFIE	<u> </u>	ST/	ATE I.D. NO.	
ADDRESS		<b>8</b> // (a)	JOI	B NO	
CITY LAGTON	STATE	14/0		ZIP	PHONE
This is to certify completion of treatmen	-	•			- · ·
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N	Name			Date
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S COMPANY NAME DELCO MORA	INE DIV. GMC				E NO. OFFICE VILLES CY
ADDRESS1420 WISCON					
CITYDAYTON,					
This is to certify that the above named of transportation according to the applical	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
			ansportation		
Signature	Print I	Name PHO	K) NE	·W	Phone 455-639/
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	·
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This is to certify acceptance of the above					· ·
Signature	·	• •		• •	·
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COMPANY	Man LANT	VIO EP			E NO
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CITY 1847 ON	STATE	0410			PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co			_
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Signature	Print I	Name	· 		Date



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	TOMETHOR	<i>P</i> 27114				
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CITY DAYTON,						
This is to certify that the 由的 100000000000000000000000000000000000						
transportation according to the applicat						
Signature Award New	Print N	•			Phone 453 £ 3 €/	
TRANSPORTER						
COMPANY —					DE	
ADDRESS CITY					PHONE	
This is to certify acceptance of the about						
Signature	-					
TREATMENT/DISPOSAL FACILITY					PE NO.	
COMPANY SOUTH DAY	MON LARDEN	11			JE NO.	
ADDRESS						
CITY DAYTON	STATE _C	14/0			PHONE	
This is to certify completion of treatmen	-	-			<del>-</del>	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Name			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

IMMEDIATE RESPONSE INFOR	IMATION.			1.7	·
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ş *	SHIPPI	NG INFORM	ATION	L	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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				ATION COL	DE NO. OHDOGO 92854
COMPANY NAME DELCO MORA	INE DIV. GMC				JE NO. 07270012007
ADDRESS1420 WISCON	NSIN BLVD.		PU	RCHASE OF	RDER
CITYDAYTON,					
This is to certify that the appre நடிக்கு	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition fo
transportation according to the applicab	le regulations of the De	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.
Signature Suulles	Print N	vame DHC	W NE	<i></i>	Phone 455-6341
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY	<del></del>		ST	ATE I.D. COI	DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the abov	e materials for shipmer	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	(13/:	EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SOUTH DOGTO	a LAWOTAC	<u> </u>	ST	ATE I.D. NO.	<u> </u>
ADDRESS	<del></del>	5 77 18			<u> </u>
CITY DRYTON	STATE	•			PHONE
This is to certify completion of treatment	•				•
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.



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		ERTIFICATIO		ATION 000	ENO. OFD010928561	
GENERATOR DATE S COMPANY NAME DELCO MORA	INE DIV. GMC	EP	A IDENTIFIC ST	ATE ID NO	ENO. OF TOTAL SET	
ADDRESS 1420 WISCON	ISIN RIVD		PU	RCHASE OR	DER	
CITY	STATE	OHIO	<del>454</del>	ZIP	PHONE	
This is to certify that the above named not only transportation according to the applica	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
Signature Sausi New	Print !	Name 4	UD NE	<u> </u>	Phone 465-639/	
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.		
COMPANY	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ST.	ATE I.D. CO	DE	
ADDRESS						
CITY					PHONE	
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COMPANY SAUTH DAYT	ON LANGUE					
CITY	07.75	OHIU			DUONE.	
This is to certify completion of treatmen					PHONE	
your records. Forward white copy to						
Signature	•	•	_		Date	
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□ HAZARDOUS NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19839

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		ERTIFICATIO			m/Trainenceil
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ADDRESS 1420 WISCO					RDER
CITYDAYTON,		OHIO			
This is to certify that the above pamed to	eterials are properly cla	issified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applical	ble regulations of the D	epartment of Tra	ansportation/	and the EPA	Keep gold copy for your records.
Signature Auch Now	Print I	Name <i>Di</i>	NA ME	-u	Phone 455-639/
TRANSPORTER	_	EP.	A IDENTIFIC	ATION NO.	
COMPANY			ST/	ATE I.D. COI	DE
ADDRESS (					
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This is to certify acceptance of the abo	-				
Signature	Print !	Name			Date Received
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COMPANY SOUTH DAYTON	LANGTHE				
ADDRESS - DAYTON					
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## ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 49835

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GENERATOR DATE S	HIPPED 9-17	EP EP	A IDENTIFIC	ATION COD	E NO. OX DOLO 2	2856/	
COMPANY NAMEDELCO_MORA							
ADDRESS1420 WISCOI					DER		
CITYDAYTON,	STATE	OHIO	454U	marked and	PHONE	ner condition for	
This is to certify that the above named in transportation according to the applical	561 ble regulations of the D	enartment of Tr	ansportation	and the EPA	. Keep gold copy for	vour records.	
Signature Luce New	Drint 8	Vame DAU	D NE	w .	Phone 4	5-6391	
l Grant Control of the Control of th	——— Piliti						
TRANSPORTER  COMPANY	_				DE		
ADDRESS AME					·····		
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your i	ecords. App	ropriate placards were	e offered.	
Signature	Print 1	Name	<u>.                                    </u>		Date Receiv	ed	
TREATMENT/DISPOSAL FACILITY					E NO		
COMPANY SOUTH DAYTO	WLADELL						
ADDRESS			JO	B NO			
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This is to certify completion of treatmen							
your records. Forward white copy to	=	-	_	· ·	• • • •	•	
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GENERATOR DATE S COMPANY NAME DELCO MORA	HIPPED				ENO. OHPO6	072836/
ADDRESS1420 WISCO	NCIN RIVD		ST/	ATE I.D. NO.	DER	
CITYDAYTON,	STATE	OHIO	45401	71P	PHONE	<del></del>
This is to certify that the above named.rx	paterials are properly cla	ssified, describe	d packaged.	marked and	abeled, and are in pro	per condition for
This is to certify that the above named of OHD 060928 transportation according to the applical	ble regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for	your records.
Signature Such New	/ Print N	Name DAUX	DNEC	L.	Phone 2	55[39]
TRANSPORTER						
COMPANY	· ·				DE	
ADDRESS AME						
CITY	STATE <sup>,</sup>			ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appı	opriate placards were	e offered.
Signature	Print 1	Name			Date Receiv	ed
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH PA	TON LANDE	12c				
ADDRESS			JOE	3 NO		·
CITY DAYJON		0410			PHONE	
This is to certify completion of treatmen					-	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of th	nis manifest.
Signature	Print N	Name		<del>-</del>	Date	



□ HAZARDOUS © NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ PERE

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GENERATOR DATE S COMPANY NAME DELCO MORA	HIPPED				ENO. DHU 060 2557	
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CITYDAYTON;	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition	
This is to certify that the above named m transportation according to the appricat	ole regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your record	
Signature Kure New	Print N	Name A70	1) NK	il	Phone 455-639/	
TRANSPORTER						
COMPANY					DE	
ADDRESS						
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This is to certify acceptance of the above	-					
Signature	Print N	Name	<del></del>	<del></del>	Date Received	
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□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

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□ RECLAMATION □ I	NCINERATION	LAN	DFILL	потн	ER (Specify)
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GENERATOR DATE S COMPANY NAME DELCO MORA	INE DIV. GMO	<u>ой                                     </u>	A IDENTIFICA STA	ATTON COL	SE NO. 22-22-22
ADDRESS 1420 WISCON	ISIN BLVD.				IDER
CITYDAYTON,	STATE	OHIO	454C.) 2	ZIP	PHONE
This is to certify that the appropriated	aterials are properly cla	ssified, describe	d, packaged, i	marked and	labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the D	epartment of Tra	ansportation a	and the EPA	. Keep gold copy for your records.
Signature New New	Print I	Vame DNA	NEU		Phone 455-639/
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	
COMPANY	<u> </u>		STA	ATE I.D. COI	DE
ADDRESS		·	JOE	B I.D. NO	16-1201
CITY					PHONE 455-439/
This is to certify acceptance of the above	-	-			
Signature	Print f	Name		•	Date Received
TREATMENT/DISPOSAL FACILITY		EP.			E NO
COMPANY SOUTH DAY	TON HOWELL				
CITY ALTON	STATE				PHONE
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	•	•		•	•
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## ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | FEFE

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	SHIPPING INFORMATION								
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL	DESCRIPTION			
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COMPANY NAMEDELCO_MOR.									
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transportation according to the applical	856] Big regulations of the D	epartment of Tr	ansportatiøn	and the EPA	Keep gold cop	ov for your records			
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TRANSPORTER		•			•				
COMPANY	1. –								
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This is to certify acceptance of the abo						•			
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TREATMENT/DISPOSAL FACILITY		FP				•			
COMPANYSOUTH DALTON LANDFILL EPA IDENTIFICATION CODE NO									
ADDRESS									
CITY DATTON	STATE	0410		ZIP	PHON	E			
This is to certify completion of treatmen			,						
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy	of this manifest.			
Signature	Print t	Name			Date _				
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□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø 1987

<b>EMERGENCY INFORMATION</b>	<del></del>			SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	r LAN	DFILL	OTH	ER (Specify)
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GENERATOR DATE S  COMPANY NAME	HIPPED <u>-7 2000</u> INF DIV. GMC	EP	A IDENTIFIC	ATE ID NO	DENU. DATAGETA
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This is to certify that the above named in OHD 0609285 transportation according to the applical	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition fo
	ble regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature Huil Now	Print I	Name DAU	DNEU		Phone #356.34/
TRANSPORTER				ATION NO.	· · · · · · · · · · · · · · · · · · ·
COMPANY	<u>//</u>	· 	ST/	ATE I.D. CO	DE
ADDRESS					<del></del>
CITY					PHONE
This is to certify acceptance of the abo	•	• •			· ·
Signature	Print f	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	DE NO
COMPANY SOUTH DA	you short of				
CITY DAYTON					
	STATE	7770			PHONE
This is to certify completion of treatmen your records. Forward white copy to	_	and the second s			=
Signature	Print I	Name			Date



## ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | PROPERTY |

IMMEDIATE RESPONSE INFORMATION  IN CASE OF EMERGENCY, NOTIFY:  IN CASE OF EMERGENCY, NOTIFY:  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D RECLAMATION D INCINERATION D LANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR  COMPANY NAME DELCO MORAINE DIV. GMC STATE LD. NO.  ADDRESS DAYTON, STATE OHLO 456DL 2P PHONE  Transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature Print Name Phone STATE LD. CODE JOB LD. NO.  THANSPORTER  COMPANY ADDRESS DAY STATE PHONE  PRINT NAME PHONE  PRINT NAME PHONE  PRINT NAME PHONE  PRINT NAME DIV. STATE DEPARTMENT OF THE PHONE  THANSPORTER  COMPANY JOB LD. NO.  STATE LD. CODE JOB LD. NO.  STATE LD. CODE JOB LD. NO.  STATE LD. CODE JOB LD. NO.  STATE LD. CODE JOB NO.  STATE LD. NO.  JOB NO.  STATE LD. NO.  JOB NO.  ZIP PHONE	IN CASE OF EMERGENCY, NOTIFY:  SHIPPING INFORMATION	TRAILER NO. TRACTOR NO.  TYPE MATERIAL DESCRIPTION
TRAILER NO. TRACTOR NO.  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  D. RECLAMATION D. INCINERATION D. LANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR  COMPANY NAME DELCO MORAINE DIV. GMC STATE I.D. NO.  ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER  CITY DAYTON, STATE OHIO 45401 zip PHONE  Trials is to certify that the physylography classified, described, packaged, marked and tabeled, and are in proper condition for transportation scording to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature Print Name Phone  PHONE  STATE I.D. CODE  ADDRESS JOB ID. NO.  Date Received Print Name  Date Received TREATMENT/DISPOSAL FACILITY  EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  Date Received TREATMENT/DISPOSAL FACILITY  EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  Date Received TREATMENT/DISPOSAL FACILITY  EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  Date Received STATE I.D. NO.  JOB NO.	SHIPPING INFORMATION	TRAILER NO. TRACTOR NO.  TYPE MATERIAL DESCRIPTION
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SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  RECLAMATION INCINERATION DLANDFILL INCINERATION  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR COMPANY NAME ADDRESS 1420 WISCONSIN BLVD. DAYTON, STATE OHIO A5401 ZIP PHONE This is to certify that the physical property also series of described, packaged, marked and labeled, and are in proper condition for transportation association to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature  Print Name  Print Name  Print Name  Date Received  Print Name  Date Received  TREATMENT/DISPOSAL FACILITY  EPA IDENTIFICATION CODE NO. STATE LD. NO.  JOB NO.  STATE LD. NO.  JOB NO.	SHIPPING INFORMATION	TYPE MATERIAL DESCRIPTION
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RECLAMATION   INCINERATION   LANDFILL   OTHER (Specify)    ADDITIONAL   INFORMATION:  CERTIFICATION   CERTIFICATION    GENERATOR   DATE SHIPPED   P.2.2   EPA IDENTIFICATION CODE NO.    ADDRESS   1420 WISCONSIN BLVD.   PURCHASE ORDER    CITY   DAYTON,   STATE   OHIO   45401 zip   PHONE    This is to certify that the above paggostate ials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature   Print Name   Phone   Phone    TRANSPORTER   EPA IDENTIFICATION NO.    STATE I.D. CODE   JOB I.D. NO.    CITY   STATE   ZIP   PHONE    This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.    Signature   Print Name   Date Received    TREATMENT/DISPOSAL FACILITY   EPA IDENTIFICATION CODE NO.    COMPANY   STATE I.D. NO.    DATE SHIPPED   PHONE   Date Received    STATE I.D. NO.    DOB NO.    STATE I.D. NO.    DOB NO.		
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GENERATOR  COMPANY NAME  DELCO MORAINE DIV. GMC  STATE I.D. NO.  ADDRESS  1420 WISCONSIN BLVD.  PURCHASE ORDER  CITY  DAYTON,  STATE  OHIO  45401 ZIP  Phone  Phone  Print Name  Print Name  Print Name  Date Received  Print Name  Date Received  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  PURCHASE ORDER  PURCHASE ORDER  PHONE  PHONE  PHONE  PHONE  Phone  Phone  Phone  Phone  Phone  STATE I.D. CODE  JOB I.D. NO.  CITY  STATE  STATE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature  Print Name  Print Name  Date Received  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. CODE NO.  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  DATE Received  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  DATE RECEived  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  ADDRESS  JOB NO.		
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Signature Print Name Print Name Phone #36341  TRANSPORTER EPA IDENTIFICATION NO.  STATE I.D. CODE  ADDRESS JOB I.D. NO.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY SAITH DEPT SULFACE STATE I.D. NO.  ADDRESS JOB NO.	transportation according to the applicable regulations of the Department of Transportation and	the EPA. Keep gold copy for your records.
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Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO  COMPANY SOUTH DRYTONLAWFUL STATE I.D. NO  ADDRESS JOB NO	CITY STATE ZIP _	PHONE
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COMPANY SOUTH DAYTOULANT ILL STATE I.D. NO	Signature Print Name	Date Received
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ADDRESS JOB NO	1	
CITY ZIP PHONE PHONE	ADDRESS JOB NO	
,		DUONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
		propriate regulations. Keep canary copy for
Signature Print Name Date	Signature Print Name	propriate regulations. Keep canary copy for receipt of signed copy of this manifest.



□ HAZARDOUS É NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 198

<b>EMERGENCY INFORMATION</b>	<del></del>			SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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GENERATOR DELCOMORN	HYPEDV. GMC 9	2578 EP	A IDENTIFIC	ATION COD	ENO. OFDOX 0928561
ADDRESS 1420 WISCOT	VSIN BLVD.		SI	ATE I.D. NO. BOWASE OF	IDER
	STATE	- OHIO	<del>-454</del> 09	ZIP	PHONE
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transportation according to the applicat		epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature Auxol Now	Print h	Name M	DNEU	<u></u>	Phone 155-639/
TRANSPORTER	•	•	A IDENTIFIC	ATION NO.	
COMPANY			_		DE
ADDRESS		· .	JOI	B I.D. NO	<u> </u>
CITY	STATE	· · · · · · · · · · · · · · · · · · ·		ZIP	PHONE
This is to certify acceptance of the above		• •			
Signature	Print N	Name	<del></del>	<del></del>	Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO
COMPANY _ SOUTH DAY	HOW LAW XI	$\omega$	ST/	ATE I.D. NO.	
ADDRESS (ALCTO)		61111			
CITY / DAYTON	STATE				PHONE
This is to certify completion of treatmen your records. Forward white copy to	· •	-			_
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## ENVIRONMENTAL MANIFEST | HAZARDOUS | MON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | P. | | |

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GENERATOR DATE S				CATION COD	DENO. 0HD 060928561		
COMPANY NAME DELCO MORA					LINO. SALES		
ADDRESS 1420 WISCOM	ISIN BLVD.	·	PU	RCHASE OF	RDER		
CITYDAYTON.	STATE	оню	45401	ZIP	PHONE		
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COMPANY			ST	ATE I.D. CO	DE		
ADDRESS							
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Signature	Print I				Date Received		
TREATMENT/DISPOSAL FACILITY	t. L. 101	/ EP			DE NO		
ADDRESS -	wruceje	<del></del>					
ADDRESS CITY DALITON	STATE	04/1			PHONE		
This is to certify completion of treatmen		or disposal in or					
your records. Forward white copy to	-						
Signature	_	•		· ·	• .,		



## ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 47868

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S COMPANY NAME DELCO MORA	INE DIV. GMC	<i>202</i> EP	A IDENTIFIC ST	ATE ID NO	ENO. SALES
ADDRESS1420 WISCON					
CITY ————————————————————————————————————	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation according to the applical	ole regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature Awill Ven	Print P	Name DAU	18 NEC	<u>e</u>	Phone 455-639/
TRANSPORTER					
COMPANY		<u> </u>	ST/	ATE I.D. COD	DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print P	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO
COMPANY SICTE SIG	4/2N LADI	110	ST/	ATE I.D. NO.	
ADDRESS 7	, 	Od-A			
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Signature	Print N	Name		<del></del>	Date



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ADDITIONAL INFORMATION:						
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GENERATOR DATE S COMPANY NAME DELCO MORA	HIPPED J-29	-				
ADDRESS 1420 WISCON						
CITYDAYTON,						
This is to certify that the sheve period 8	naterials are properly cla	issified, describe	d, packaged,	marked and	labeled, and ar	e in proper condition for
transportation according to the applical	ble regulations of the D	epartment-of,Tra	ansportation	and the EPA	. Keep gold co	opy for your records.
Signature Land New	Print I	Name A	ID NE	$-\alpha$	Phor	ne 455-639/
TRANSPORTER						
COMPANY						
ADDRESS						
CITY						NE
This is to certify acceptance of the about	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placar	ds were offered.
Signature	Print f	Name			Date	Received
TREATMENT/DISPOSAL FACILITY	4 3 -	EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH MAY	TOW LANGE	<u> </u>	ST	ATE I.D. NO.		
ADDRESS		77.3				
CITY DAGTON	STATE <u>O</u>	•				NE
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Signature	Print I	Name			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1957

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GENERATOR DATES	HIPPED 4-25					0060828561
ADDRESS 1420 WISCO						
	STATE					ONE
This is to certify that the shoven and a						
transportation according to the applical	ble regulations of the D	epartmept of Tra	ansportation	and the EPA	. Keep gold (	copy for your records.
Signature Kluck New	Print !	Name DAL	40 NE	ce_	Pho	one 455-139/
TRANSPORTER						
COMPANY			ST	ATE I.D. CO	DE	
ADDRESS	_					
CITY						ONE
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Signature	Print t	Name	<del>- · - ·</del>	· · · · · · · · · · · · · · · · · · ·	Dat	e Received
TREATMENT/DISPOSAL FACILITY	// 0/	EP.	A IDENTIFIC	CATION COD	E NO	
COMPANY SOUTH DA	Jon Truck					
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This is to certify completion of treatmen						ONE
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Signature		-	_	•	•	• •
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GENERATOR DELCO MOR	HIPPED <u> </u>				ENO. <u>CXD000 (2804)</u>	
ADDRESS 1420 WISCO					DER	
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transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.	
Signature & Murel/Vew	Print I	Name Mul	D NE	ce	Phone 455-639/	
TRANSPORTER						
COMPANY	1				DE	
ADDRESS	<i>       </i>					
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print (	Name			Date Received	
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COMPANY South Clays	n Kardfell		ST	ATE I.D. NO.		
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ipon receipt	of signed copy of this manifest.	
Signature	Print I	Name			Date	



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GENERATOR DATE S	HIPPED 9-24-	S FP	A IDENTIFIC	ATION COD	ENO. 040016928561		
COMPANY NAME	•						
ADDRESS1420 WISCON	ICIN BIND		PU	JRCHASE ORDER			
CITY DAYTON	STATE			PURCHASE ORDERPHONE  ZIPPHONE  ed, marked and labeled, and are in proper condition for pon and the EPA. Keep gold copy for your records.			
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transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.		
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TRANSPORTER							
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ADDRESS							
This is to certify acceptance of the abo					PHONE		
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TREATMENT/DISPOSAL FACILITY COMPANYSUTH TH	410 W LANDA	. // /-			E NO		
ADDRESS	110.0 141100						
CITY DAYTOW	STATE C	1410			PHONE		
This is to certify completion of treatmen		or disposal in co					
your records. Forward white copy to					_		
Signature	_	•	_	•			



# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | PROPERTY |

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GENERATOR DATE S COMPANY NAME DELCO MORA	HIPPED 4-28 INE DIV. GMC				DE NO. 07/000/2007	
ADDRESS1420 WISCON	NSIN BLVD.				IDER	
					PHONE	
This is to certify that the above named of transportation according to the applical Signature Awar New	naterials are properly cla ble regulations of the D	ssified, describe	ed, packaged, ansportation	marked and and the EPA	labeled, and are in proper condition fo	
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COMPANY	· · _ · _ · _ · _ · _ · _ · · _ · · _ · · _ ·				DE	
ADDRESS			JO	B I.D. NO		
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Signature	Print N	Name		- <del> </del>	Date Received	
TREATMENT/DISPOSAL FACILITY	1040 - (12	EP EP	A IDENTIFIC	ATION COD	E NO	
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GENERATOR DATE S		ED	A IDENTIFIC	ATION COD	ENO. 04001092856/	
COMPANY NAME DELCO MORA	HIPPED 4-29-8 INC DAY, GMO					
ADDRESS 1420 WISCOI	NSIN BLVD.			IRCHASE ORDER		
CITYDAYTON,						
This is to certify that the they come 28	aterials are properly cla	ssified, describe	d, packaged,	marked and l	labeled, and are in proper condition for	
transportation according to the applical	ble regulations of the D	epartment of Tra	ansportation	and the EPA.		
Signature Same Num	Print N	Name A	DNE		Phone #35-£39/	
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COMPANY South Car	to Landle				E NO	
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your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Name		<del></del>	Date	



□ HAZARDOUS É NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1985

transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature	EMERGENCY INFORMATION				SCAL	E INFORMATION
SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  MATERIAL DISPOSITION  DRECLAMATION DINCINERATION LANDFILL DOTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED JATE PA IDENTIFICATION CODE NO. DATE SHIPPED LANDFILL DOTHER (Specify)  DATE SHIPPING INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED JATE PA IDENTIFICATION CODE NO. DATE SHIPPED LANDFILL DOTHER (Specify)  DATE SHIPPED JATE SHIPPED PHONE DATE SHIPPED LANDFILL DOTHER (Specify)  DATE SHIPPED JATE SHIPPED LANDFILL DOTHER (Specify)  DATE SHIPPED JATE SHIPPED LANDFILL DOTHER (Specify)  PHONE DATE SHIPPED LANDFILL DOTHER (Specify)  DATE ID NO. DATE SHIPPED LANDFILL DOTHER (Specify)  DATE SHIPPING INFORMATION CODE NO. DATE SHIPPED LANDFILL DOTHER (Specify)  DATE SHIPPING INFORMATION  CERTIFICATION CODE NO. DATE SHIPPED LANDFILL DOTHER (SPECIFY)  DATE DATE ID CODE JOB ID NO. STATE ID NO. DATE PHONE  THANSPORTER  EPA IDENTIFICATION NO. STATE ID CODE JOB ID NO. STATE ID NO. JOB NO. STATE ID N	IMMEDIATE RESPONSE INFORMATION				#	
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COMPANY NAME DELCO MORAINE DIV. GMC  ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER  CITY DAYTON, STATE OHIO 45401 ZIP PHONE  This is to certify that the above langed materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature Print Name Phone H55-391  TRANSPORTER  EPA IDENTIFICATION NO.  CITY STATE ID. CODE  ADDRESS JOB I.D. NO.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received  TREATMENT/DISPOSAL FACHLITY EPA IDENTIFICATION CODE NO.  COMPANY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  ADDRESS JOB NO.  CITY STATE ID. NO.  STATE ID. N		_	<b>A</b> -			
ADDRESS 1420 WISCONSIN BLVD.  PURCHASE ORDER  CITY DAYTON, STATE OHIO 45.401 ZIP PHONE  This is to certify that the above parged materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature Print Name Phone H55-39/  TRANSPORTER  EPA IDENTIFICATION NO.  COMPANY STATE I.D. CODE  ADDRESS JOB I.D. NO.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.  COMPANY STATE I.D. NO.  ADDRESS JOB NO.  CITY STATE I.D. NO.  ADDRESS JOB NO.  CITY STATE JOB NO.  C	GENERATOR DATES	CHIPPED 9-29-8				-
CITY DAYTON, STATE OHIO 4E 101 ZIP PHONE  This is to certify that the above panel graterials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature Print Name Print Name Phone	1 00 m / m / m / m =					
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Signature Print Name Print Name Phone State I.D. Code Job I.D. No.  CITY STATE ZIP PHONE This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received Phone Phon	This is to certify that the above named to	naterials are properly cla 501	ssified, describe	d, packaged,	marked and I	Keep gold copy for your records
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ADDRESS 1420 WISCOI	<del></del>				/	
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# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. PERE

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GENERATOR PELCO MORDATES	TIPOGNIC //	<i>~</i> 1.		ATION COD	ENO. OHD010928361	
COMPANY NAME 20 THEO MORAL	NE BIV. GMC					
ADDRESS	SIN BLVD. OF	110 4!	401 PU	RCHASE OR	DER	
CITY	STATE	OHIO	<del>- 45401</del>	ZIP	PHONE	
This is to certify that the prove harmed the	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.	
Signature William / VI	Print I	Name SP	(1) I'VE		Phone 455-639/	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	· · · · · · · · · · · · · · · · · · ·	
COMPANY					DE	
ADDRESS /					PHONE	
This is to certify acceptance of the abo						
Signature	Print	1 -			Date Received	
TREATMENT/DISPOSAL FACILITY	In Inel				E NO	
ADDRESS ADDRESS	740 4 9	-				
CITY KARLA	STATE	The			PHONE	
This is to certify completion of treatmen		•				
your records. Forward white copy to	_					
Signature	Print I	Name			Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1999

EMERGENCY INFORMATION				SCALE INFORMATION		
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	-	ERTIFICATION	N N			
GENERATOR DATE S				ATION COL	DE NO. OHD 01092851	
COMPANY NAME DELCO MORA	INE DIV. GMC					
ADDRESS1420 WISCON			PU	RCHASE OF	RDER	
CITYDAYTON,						
This is to certify that the above gamed transportation according to the applica	paterials are properly cla	issified, describe	ed, packaged,	marked and	labeled, and are in proper condition for	
	ble regulations of the D	- Ann	NEIL	and the EFA	Phone 45-631	
TRANSPORTER	Print (		A IDENTIFIC	ATION NO	Phone	
COMPANY	_				DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the abo	·					
. ^	Print	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	P. L. 00 1	77.			DE NO	
COMPANY ATION Suy	wornegu					
ADDRESS CITY CAYLO		Ohio			PHONE	
This is to certify completion of treatmer	STATE	or disposal in a			· ·	
your records. Forward white copy to	-				· ·	
Signature		-	_	•	•	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. APPEL

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DES	CRIPTION
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ADDITIONAL			· · · · · · · · · · · · · · · · · · ·			
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	, , &	ERTIFICATION	ON			Oa Carr
55100 14051	SHIPPED /U-1-01	EP	A IDENTIFIC	ATION COD	DE NO <i>OHD 060</i>	228561
COMPANY NAME DELCO MORA						
ADDRESS 1420 WISCON						
CITY DAYTON,	naterials are properly cla	OHIO	- 45401	marked and	PHONE	ner condition for
This is to certify that the above named transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for	your records.
Signature Murul Now		Name PAC	D ME	Z.	Phone 43	<b>5</b> -639/
, .			A IDENTIFIC	ATION NO		
TRANSPORTER  COMPANY					DE	· ·
ADDRESS						
CITY	STATE				PHONE	
This is to certify acceptance of the abo						
Signature	Print	Name			Date Receive	ed
TREATMENT/DISPOSAL BACKLITY	1 0 1				DE NO	
COMPANY South The	ton farelles	/ 1 /				
ADDRESS		1.				
CITY Legton	STATE	Kio		ZIP	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing	of your invoice	e will begin ι	pon receipt	of signed copy of th	is manifest.
Signature	Print	Name			Date	



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. Ø PEZF

EMERGENCY INFORMATION		<del></del>		SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	N CASE OF EMERGENCY, NOTIFY:			TRAI	LER NO. TRACTOR NO.	
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<u></u>	SHIPP	ING INFORM	IATION ,	·	T	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ I	NCINERATION	& LAN	DFILL	□ OTH	ER (Specify)	
ADDITIONAL INFORMATION:	·					
		ERTIFICATION	ON .			
GENERATOR DATE S	SHIPPED 10-1-0			CATION COD	DE NO. DADOLO92854	
COMPANY NAME DELCO MORA						
	VSIN BLVD.		PU	IRCHASE OF	BDER	
CITYDAYTON,	STATE	оню —	4540	ZIP	PHONE	
This is to certify that the above pamed of DO00928	paterials are properly cla	assified, describe	ed, packaged,	, marked and	labeled, and are in proper condition for	
transportation according to the applica	ble regulations of the D	epartment of Tr) دروز	ansportation	and the EPA	. Keep gold copy for your records.	
Signature	Print		ONEE		Phone 755-639 /	
TRANSPORTER						
COMPANY					DE	
ADDRESS //					BUONE	
This is to certify acceptance of the abo		•			PHONE	
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Signature	Print				Date Received	
COMPANY	La fruille	עט			DE NÕ	
ADDRESS ADDRESS	140 1000					
CITY - Alyla	STATE	Oho			PHONE	
This is to certify completion of treatmer		or disposal in c				
your records. Forward white copy to	<del>-</del> '	•	•		<u> </u>	
Signature	Print	Name			Date	



□ HAZARDOUS Ø NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

<b>EMERGENCY INFORMATION</b>				SCA	E INFORMATION	
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3~	SHIPPI	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESC	RIPTION
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□ RECLAMATION □ II	NCINERATION	Z LAN	DFILL	□OTH	ER (Specify)	
ADDITIONAL INFORMATION:	·					
<u> </u>		ERTIFICATION				·
1 . //- 20-0	HIPPED 10-3-0	<u> </u>			ENO. OADOLO 92	18361
11/2				ATE I.D. NO.		
CITY DAYTON	STATE Of	110		RCHASE OF		
This is to certify that the above named m						r condition for
transportation according to the applical	ble regulations of the D	epartment_of Tr	ansportation	and the EPA		$I \geq 1$
Signature Swel New	Print 1	Name $\sqrt{2}$	ID NEG	<u>/                                    </u>	Phone <i>43</i>	36391
TRANSPORTER	•					
COMPANY	-				DE	
ADDRESS	<del>-</del>	<del></del>	JO	3 I.D. NO		
CITY					PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your r	ecords. App	ropriate placards were o	ffered.
Signature	Print	Name			Date Received	<del></del>
TREATMENT/DISPOSAL FACILITY	. 1 2 -1	. <b>E</b> P	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH SAFTON	LAWSTILL		STA	ATE I.D. NO.		
ADDRESS						
1	•				PHONE	
This is to certify completion of treatment your records. Forward white copy to						
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Signature	Print I	wame			Date	



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\$ -	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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RECLAMATION #1	NCINERATION	□ LAN	DFILL	□ОТН	ER (Specify)	
ADDITIONAL						
INFORMATION:						
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GENERATOR DATES	HIPPED 10-3-86	EP			DE NO. OHDOCO92856/	
	BLUX					
CITY DAYTON	STATE	1410			DER PHONE	
This is to certify that the above named n						
transportation according to the applica						
l la DAL	Dis regulations of the D	Name Dau	ID NEC	L	Phone 435-639/	
Oiginatore Company	Print i					
TRANSPORTER						
					DE	
ADDRESS CITY					PHONE	
This is to certify acceptance of the abo	· -				and the second s	
Signature	•					
•	PIINU					
COMPANY SOUTH DAYTON	ADALL				PE NO	
ADDRESS 2						
CITY DALKIN	STATE	N LUL			PHONE	
This is to certify completion of treatmer						
your records. Forward white copy to					_	
Signature	Print I	Name			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 9859

EMERGENCY INFORMATION				SCALE INFORMATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30 YOS.	BOX		SCRAP WOOD	
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□ RECLAMATION □ I	NCINERATION	D LAN		□ОТН	ER (Specify)	
ADDITIONAL INFORMATION:						
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GENERATOR DELCO DATES				ATION COD	E NO. OHOO 6692 836/	
COMPANY NAME						
ADDRESS 1420 WISCONS	SIN BLVD.		PU	RCHASE OR	DER	
CITY DAYTON, This is to certify that OH 2006092858	STATE	OHIO	45401	ZIP	PHONE	
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records	
Signature Wayne Walso						
TRANSPORTER		•			·	
					DE	
ADDRESS						
CITY					•	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your	records. App	ropriate placards were offered.	
Signature	Print N	Name		· · · · · · · · · · · · · · · · · · ·	Date Received	
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY SOUTH DAYTO						
ADDRESS		4/12	JO	B NO	PHONE	
This is to certify completion of treatmer						
your records. Forward white copy to	. <del>-</del>	•	-		•	
Signature	Print P	Name	<del> </del>	· · · · · · · · · · · · · · · · · · ·	Date	
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D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION .	LANI	DFILL	□ OTH	ER (Specify)
ADDITIONAL	- <del></del>				
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		ERTIFICATIO			
GENERATOR DATE S COMPANY NAME DELCO MA	HIPPED				DE NO. OKDOLO 928561
	CANVE LYU GA	<u> </u>			<del></del>
ADDRESS () O FELL		H18		RCHASE OF	8DER
CITY DAGTON					
This is to certify that the above named metransportation according to the applical					
1 / A A A A A		Name DAG			Phone 455-6341
Signature	Print r				
TRANSPORTER					
ADDRESS COMPANY					DE
CITY					PHONE
This is to certify acceptance of the abo					
Signature					
(	Print (				
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY T	AND FILL				PE NO
ADDRESS	W. 5-11-711-00				
CITY DAYTON	STATE	DHI			PHONE
This is to certify completion of treatmen	t, storage, reclamation.	<del></del>			
your records. Forward white copy to	-				
Signature	_				• , ,



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EMERGENCY INFORMATION				SCALE INFORMATION			
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GENERATOR DELCO MORA	HAEPBY.	GMC	EP.	A IDENTIFIC	CATION COL	DE NO	
COMPANY NAME	SIN BLV	D.———		ST	ATE I.D. NO		
ADDRESSDAYTON,			оню 👺	45401	JRCHASE ORDERPHONE		
This is to certify that the above named in	561	STATE			ZIP	PHONE	
This is to certify that the above named in transportation according to the application.	natērials are	e properly cla	issified, describe	d, packaged	, marked and	labeled, and are in proper condition for	
Signature Wayne Wo	De regulati	ons of the D		VAIF 1	ATCA	$\begin{array}{c} \text{Reep gold copy for your records.} \\ \text{A} \end{array}$	
1		Print I					
TRANSPORTER //	•						
ADDRESS	ME					DE	
CITY	116					PHONE	
This is to certify acceptance of the abo							
Signature							
TREATMENT/DISPOSAL FACILITY	_	_	EP	A IDENTIFIC	CATION COL	DE NO	
COMPANY SOUTH D	AYTON	S Dul	<i>/</i>				
ADDRESS				JO	B NO	<u> </u>	
CITY DAYTON		STATE			_	PHONE	
This is to certify completion of treatme	•		•	•			
your records. Forward white copy to			//	wiii begin i Lil	111116	$\sim 101111111$	
Signature . 9 WWW		Print 1	Name	ועוין	11NO	Date	



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***	SHIPI	PING INFORM	MATION			
D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	S QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ □	INCINERATION		DFILL	OTH	ER (Specify)	
ADDITIONAL						
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DELCO MODILI		CERTIFICATIO				
GENERATOR ULLU MARA	BHEIPBER GMC	EP	A IDENTIFIC TO	ATION COL	DE NO.	
COMPANY NAME	SIN BLVD.		91/ PU	RCHASE OF	RDER	
CITY	STATE _	ОНЮ	45401	ZIP	PHONE	
ADDRESS DAYTON, CITY OHD 0609285 This is to certify that the above named	haterials are properly c	lassified, describe	ed, packaged,	marked and	labeled, and are in proper condition	for
transportation according to the applica	able regulations of the	Department of Tr	ansportation	and the EPA	Keep gold copy for your records	S.
Signature Layer Wal	Prin	t Name WAY	NE WIT	ISON	Phone 455-6391	
TRANSPORTER /		•				
COMPANY	WF				DE	
ADDRESS	<u> </u>				PHONE	_
This is to certify acceptance of the abo						
Signature a Day (12)	71	t Name WAY			Date Received	
TREATMENT/DISPOSAL FACILITY		EP			DE NO	
COMPANY SOUTH P.	AYTON LAND	OFILL				
ADDRESS		<u> </u>				
CITY DAYTON	STATE <u>&amp;</u>				PHONE	_
This is to certify completion of treatme your records. Forward white copy to	-				-	or
Signature Arol Xac	=	_				8
Signature	Prin	it ivaine			Date	



□ HAZARDOUS NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19878

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	SHIPP	ING INFORM	ATION			
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□ RECLAMATION □ INCINERA	TION	■ LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
- THE MODALNE DIV G		ERTIFICATIO			0 11001061801	
GENERATOR DELCO MAREAMERED. G		EP	A IDENTIFIC	CATION COD	ENO. DADO1092856/	
COMPANY NAME 1420 WISCONSIN BLVD		OH10	4540]	ATE I.D. NO.	IDER	
ICITY DATION,	ATE			7IP	PHONE	
This is to certify that the above named materials are	properly cla	issified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applicable regulation	ns of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
Signature Stud New	Print I	Name AUL	DNEW		Phone 455-639/	
TRANSPORTER						
COMPANY					DE	
ADDRESS			JO	B I.D. NO		
					PHONE	
This is to certify acceptance of the above materials	•	-	•			
Signature	Print l	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	CATION COD	E NO	
COMPANY SOUTH DAYTON LA	MD FIL	<u> </u>				
I ADDRESS '			JO	B NO		
7	STATE	1070		ZIP	PHONE	
This is to certify completion of treatment, storage, re your records. Forward white copy to generator.		=			· ·	
'	_	•		•	• , .	
Signature	Print I	name			LISTA	



□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17 856

EMERGENCY INFORMATION	MERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFO	RMATION /	/		#5			
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IN CASE OF EMERGENCY, NO	TIEV.			TDAI	LER NO. TRACTOR NO.		
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	AH H						
*	SHIPP	NG INFORM	IATION				
D.Ó.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION		
Nonflaz		30ps	Box		CONCRESSE +		
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□ RECLAMATION □ I	NCINERATION	□ LAN	DFILL	OTH	ER (Specify)		
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		ERTIFICATION	NAI .				
GENERATOR DELCO MORAL				ATION COD	ENO. SHOOLO928561		
GENERATOR DECOMPANY NAME 1420 WISCON			• •	ATE I.D. NO.			
ADDRESSDAYTON,	P		PU	JRCHASE ORDER			
CITY — OHD 0609285	C. C. C. C. C. C. C. C. C. C. C. C. C. C	OHIO X	45401	ZIP	PHONE		
This is to certify that the above named r	naterials are properly cla						
transportation according to the applica	ble regulations of the D			and the EPA	Keep gold copy for your records.		
Signature Sur New	Print l	Name DAUL	DNEU	<del></del>	Phone 455-6391		
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COMPANY					DE		
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This is to certify acceptance of the abo	•	<u>.</u>					
Signature	Print	Name		<del></del>	Date Received		
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO		
COMPANY SOUTH DAYTO	WASHER TO						
ADDRESS DAYTON	07.75	1410	JO	8 NO	PHONE		
CITY							
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Signature	Print	Name			Date		



☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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<b>EMERGENCY INFORMATION</b>	<del></del>			SCALE INFORMATION		
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GENERATOR DELCO MORA	NE DIV. GMC				DE NO. OHOO 40928541	
ADDRESS 1420 WISCON	SIN BLVD.			JRCHASE ORDER		
CITY PAYTON,	STATE	-A.I.I.A		ZIP PHONE i, marked and labeled, and are in proper condition for		
This is to certify that 1000609285	gateri <u>alis are proper</u> ly cla	ssified, descende	ed, <b>4540</b> ded,	marked and	labeled, and are in proper condition for	
transportation according to the applica	ible regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
Signature Wagne water	Print f	Name WAY	NE WA	TSON	Phone 455 - L39/	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
COMPANY	<u></u>	<del></del>	ST/	ATE I.D. CO	DE	
ADDRESS			JOI	B I.D. NO	<del></del>	
This is to certify acceptance of the abo					PHONE	
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Signature	Print !					
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY	TOA) LANDEL	EP ム	A IDENTIFIC	ATION COD	DE NO	
CITY DAYTON OHIO					PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to		•				
Signature	Print P	Name	· 	<del></del>	Date	
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*	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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		ERTIFICATION			
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COMPANY NAMEDELCO_MOR					
ADDRESS1420 WISCO	NSIN BLVD.		PUI	RCHASE OF	IDER
This is to continue that the share named a	STATE	OHIO	45401	ZIP	labeled and are in proper condition to
CITY ————————————————————————————————————	ງລາຍເກີດເຮັດເອັກເວກອະກຸງ ເດືອ ຊີວິຍີ I ble regulations of the D	epartment &\Tr	ansportation	and the EPA	. Keep gold copy for your records.
Signature wassel Ne	Print I	Name DA	UW NE	a	Phone 455C341
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TRANSPORTER  COMPANY					DE
ADDRESS ANIE	/				
CITY					PHONE
This is to certify acceptance of the abo					
Signature	Print !	Name		<del></del>	Date Received
TREATMENT/DISPOSAL FACILITY	1 / 1000	,			E NO
COMPANY	wraceje	•			
ADDRESS (		Ohio			· · · · · · · · · · · · · · · · · · ·
CITY KRYLIN	STATE	M OW		_	PHONE
This is to certify completion of treatmer				· ·	-
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print I	Name			Date



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 19850

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION				#		
·	NON HAZ					
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IN CASE OF EMERGENCY, NO	TIFY:	<del></del>		TRAI	LER NO. TRACTO	OR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCR	RIPTION
NosHAZ		30PS	BOX		BANDS & BOXE	5
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□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
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	Cl	ERTIFICATIO	N		1000 0 1 × 100	1600
GENERATOR DELCO MODAL	HIPPED	<i>01</i> EP	A IDENTIFIC	ATION COD	E NO. WEDOGO92	856/
ADDRESS 1420 WISCONS	AF DIA' CWC		ST.	ATE I.D. NO.		
ADDRESS	N BLVD.		PO	TATE I.D. NOPHONE		
This is to certify that Ablahana and m	STATE	e OHIO des PARE	d mackaged	marked and	labeled and are in proper	condition for
This is to certify that @HEDOG 1995.	ole regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for yo	ur records.
Signature Kniel New	Drint !	Name <i>DA</i>	WAD ALS	$\alpha$	Phone 455	1391
	FIIIIC1					
TRANSPORTER COMPANY		•				
ADDRESS WIL					JE	
CITY					PHONE	
This is to certify acceptance of the abo						
Signature						
TREATMENT/DISPOSAL FACILITY					DE NO	
COMPANY SOUTH DAYTON	LANFUL	-			JE NO.	
ADDRESS						
CITY PAYTON	STATE <i>Of</i>	410			PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing	of your invoice	e will begin ι	upon receipt	of signed copy of this i	manifest.
Signature	Print I	Name			Date	



□ HAZARDOUS → NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17855

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFO	RMATION			#		
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D.Ó.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPT	ON -
Non/fan		30105	V90X		CONCRETE & DIR	
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□ RECLAMATION □ I	NCINERATION	Z LAN	DFILL	□OTH	ER (Specify)	
ADDITIONAL INFORMATION:	· · · · · · · · · · · · · · · · · · ·					
	CI	ERTIFICATION	ON			
GENERATOR DELCO MORATA	HIPPED CAN 10-25-	d/ EP	A IDENTIFIC	ATION COL	DE NO. OHDO16928	56/
COMPANY NAME 1420 WISCOMS	IN RIVO		ST	ATE I.D. NO		<del></del> _
DAYTON					RDER	
This is to certify the OHD a 06092856	Singer	OHIO WE	45401	marked and	PHONE	Lition fo
transportation according to the applica						
Signature Sand New	Print I	Name Dak	DNEU	e	Phone 455-63	91
TRANSPORTER						•
COMPANY			ST.	ATE I.D. CO	DE	
ADDRESS ()						
CITY	STATE			ZIP	PHONE	<u> </u>
This is to certify acceptance of the abo	ove materials for shipme	nt. Keep pink co	opy for your i	records. App	ropriate placards were offered	•
Signature	Print !	Name		<del></del>	Date Received	
TREATMENT/DISPOSAL FACILITY	445.4	EP	A IDENTIFIC	ATION COL	DE NO	
('A) 100 (1 1 1 A) 1.	TON LAW FULL				·	
COMPANY SOUTH DAY				D NO		
ADDRESS		411	JO	В 140	· · · · · · · · · · · · · · · · · · ·	
ADDRESS	STATE	X7//		ZIP	PHONE	<del></del>
ADDRESS  CITY  This is to certify completion of treatments	STATE	or disposal in c	ompliance wi	ZIP th appropria	PHONE te regulations. Keep canary c	opy for
ADDRESS	STATE Lant, storage, reclamation, or generator. Processing	or disposal in co	ompliance wi	ZIP th appropria	PHONE te regulations. Keep canary c tof signed copy of this mani	opy for



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49857

EMERGENCY INFORMATION	EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	RMATION			#/			
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IN CASE OF EMERGENCY, NO	IN CASE OF EMERGENCY, NOTIFY:				LER NO. TRACTO	R NO.	
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	SHIPPI	NG INFORM	IATION		<del></del>		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCR	IPTION	
No.11		7/10	12.		0		
MONFIAZ	,	30905	BOX		CWARTE X	JIRT	
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□ RECLAMATION □ IN	NCINERATION	II LAN	DFILL	OTH	ER (Specify)	· .	
ADDITIONAL							
INFORMATION:							
		ERTIFICATION					
GENERATOR DELCO MORAL	NEPBIV. GMO/0-2				ENO. OH 20609253		
COMPANY NAME1420 WISCON	SIN BLVD.						
	SIATEN	000 300			DER		
CITY OHD 0609285. This is to certify that the above named in	61 STATES	UHIO ME	_ 45401 ZI	IP	PHONE		
transportation according to the applicat	raterials are properly cla	ssified, describe	a, packagea, m	arked and I	Keep gold copy for you	condition for	
( ) ( ) ( ) ( ) ( )	ble regulations of the D	Name DAVU	NFU	id tile EFA.	Phone 455-6	74 /	
Signature Kur /Vlu	Print N	Name ////	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Phone 733 0	7//	
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COMPANY					DE	7	
ADDRESS	STATE				PHONE	1	
This is to certify acceptance of the above						. 1	
Signature	·				•		
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COMPANY SOUTH DAYTO	w LADFILL				E NO		
ADDRESS		<del></del>	STA1	IE I.U. NO. NO			
ADDRESS	STATE 01	418			PHONE		
This is to certify completion of treatmen							
your records. Forward white copy to	-	·=					
Signature	Print !	Name	·		Date		



□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 7879

EMERGENCY INFORMATION	EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION				H			
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IN CASE OF EMERGENCY, NOTIFY:				TRAI	LER NO. TRACTOR NO.		
IN CASE OF EMERGENCY, NO	III. / M	1		1	ELITINO. INACTORINO.		
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	SHIPPI	NG INFORM	ATION	·			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION		
NorHAZ		3005	Box		SCRAP WOOD		
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□ RECLAMATION □ II	CINERATION	D LAN	DFILL	□OTH	ER (Specify)		
ADDITIONAL INFORMATION:							
		FOTIFICATIO	N.				
DELCO.	HIRPED 10-25-	ERTIFICATIO			ENO. 04/0860928561		
GENERATOR DELCO MONTA	E DIV. GMC				E NO. 100000123007		
COMPANY NAME 1420 WISCONSI ADDRESS DAYTON,	N BLVD.			URCHASE ORDER			
	siati	OTO 6		71D PHONE			
This is to certify that the above 22561	avade are properly cla	ssined, describe	<b>4540 p</b> ged,	marked and	labeled, and are in proper condition		
transportation according to the applical	ole regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records		
Signature Swalkow	Print f	Name 490	DAR	<u> </u>	Phone <u>455-C391</u>		
TRANSPORTER	•						
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ADDRESS — AND AND ADDRESS					PUONE		
This is to certify acceptance of the above					PHONE		
Signature	•	• •		• • •	,		
	Print r						
TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAYTON.	I ANDFILL				E NO		
ADDRESS	0).01 1						
CITY PATTON	STATE				PHONE		
This is to certify completion of treatmen							
your records. Forward white copy to	-	•					
Signature	Print I	Name			Date		
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□ HAZARDOUS ₾ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 49859

EMERGENCY INFORMATION				SCALE INFORMATION				
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IN OASE OF EMERGENCY, NO		w	<u>-</u>		ELITIO: MACTONINO.			
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION			
NonHaz		30:PS	Box		SCRAP WOED			
	MATE	RIAL DISPOS	SITION					
- BEOLAMATION - 1	<u> </u>	<del></del>		- OT!!!				
□ RECLAMATION □ IN	ICINERATION	□ LAN	DFILL	ПОТНІ	ER (Specify)			
ADDITIONAL INFORMATION:			· · =					
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		ERTIFICATIO			04/24/1928571			
GENERATOR DELCO MORAN	EPDIV. GMC	- 00 - TO	WHOEVIELD	ATE ID NO	ENO. <u>DHD010928511</u>			
COMPANY NAME 1420 WISCONSIN BLVD. STATE I.D. NO								
CITY DAYTON, STATE OHIO 45401 ZIP PHONE								
This is to certify that MED 06092856 terials are properly classified, described, packaged, marked and labeled, and are in proper condition for								
transportation according to the applicat	le regulations of the D	epartment of Tr	ansportation	and the EPA				
Signature Saw New	Print I	Name DAU	10 NEC	e	Phone 455-1391			
TRANSPORTER								
					DE			
ADDRESS ADDRESS								
This is to certify acceptance of the above					PHONE			
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Signature Print Name Date Received								
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO  COMPANY SOUTH DAYTON LANGELLE STATE I.D. NO								
ADDRESS								
CITY DALFTON	24/ 0							
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for								
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.								
Signature Print Name				Date				



□ HAZARDOUS & NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1988

EMERGENCY INFORMATION				SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION				#				
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION			
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□ RECLAMATION □ II	NCINERATION	⊌ LAN	DFILL	OTH	ER (Specify)			
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	CI	ERTIFICATION	\AI					
GENERATOR DELCO MOTEAS				ATION COD	ENO. DHD010928561			
COMPANY NAME —1420 WISCON	NE'DIV. GMC	<u> </u>			E NO. 0770000			
ADDRESSDAYTON		DER						
CITY PURCHASE ORDER								
	a erials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for			
transportation according to the applicat	ole regulations of the Do	epartment of Tra	ansportation	and the EPA				
Signature ANN TEN	Print N	Name DAUL	0 110-00		Phone			
TRANSPORTER				CATION NO.				
ADDRESS ADDRESS				ATE I.D. CODE B I.D. NO				
CITY					PHONE			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.								
Signature	Print N	Name			Date Received			
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.								
COMPANY SOUTH DAYTON LANDER STATE I.D. NO								
ADDRESS	<del></del>	DH111						
CITY MAJOU	STATE				PHONE			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.								
Signature Print Name					.,			



☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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EMERGENCY INFORMATION				SCALE INFORMATION				
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DOT SHIPPING DESCRIPTION	11474	DD CLASS	CHANTITY	CONTAIN	IED TYPE	MATERIAL DESCRIPTION		
D.O.T. SHIPPING DESCRIPTION	HAZA	RD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION		
	NON	HAZ	30 YOS.	Box	<del></del> -	SCRAP WOOD		
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□ RECLAMATION □ I	NCINER	ATION	LAN	DFILL	□ OTH	ER (Specify)		
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GENERATOR DELCO MOTAL	HEIPORVO G					E NO		
COMPANY NAME 1420 WISCONS	SIN BLVD	7						
CITY DAYTON,	ADDRESS DAYTON PURCHASE ONDER							
This is to certify that the above hards	naterials ar	e properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for		
transportation according to the applica	ible regulat	tions of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.		
Signature house wa	ter	Print I	Name WAY	NE L	)ATSON	Phone 455- 4391		
TRANSPORTER								
COMPANY				ST.	ATE I.D. CODE			
ADDRESS	<u>E</u>							
СІТУ						PHONE		
This is to certify acceptance of the abo	ove materia	ls for shipme	nt. Keep pink co	py for your i	ecords. App	ropriate placards were offered.		
Signature		Print I	Name			Date Received		
TREATMENT/DISPOSAL FACILITY	( <b></b> - \	, ,,,,,	EP.	A IDENTIFIC	ATION COD	E NO		
COMPANY SOUTH DAYTON LANOFILL ST					ATE I.D. NO.			
ADDRESS JO								
CITY <u>DAYTON</u>		STATE				PHONE		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.								
Signature Print Name					• • • • • • • • • • • • • • • • • • • •			
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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IMMEDIATE RESPONSE INFORMATION							
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THE CASE OF EMERGENCY, NO	<i>را</i> ۲۰۱۰	n ugn		<del></del>	THAILLING. THAOTON NO.		
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D.O.T. SHIPPING DESCRIPTION	HAZAR	D CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
	NON	HAZ	30 YOS.	BOX	<u>'</u>	CONCRETE + DIRT	
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GENERATOR DELCO MORAL	WED DAY C				ATION COD	E NO	
COMPANY NAME							
ADDRESS DAYTON,		• ·	- nuin - 18	PU	RCHASE OR	DER	
I CITY	C1 (6)	STATE	оню 🗼		ZIP	PHONE	
This is to certify that the above named							
transportation according to the applica	ible regulation	ons of the D	Name WAY	ansportation	A TOA	Phone 455-639	
Signature Wayn W	west -	Print f	· ·				
TRANSPORTER					ATION NO.		
ADDRESS A	1					DE	
CITY						PHONE	
This is to certify acceptance of the abo						· ·	
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

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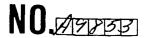


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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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transportation according to the applica							
Signature Wayn Ma	Caor	Print l	Name WAY	NE W	ATSON	Phone 455-4391	
TRANSPORTER							
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Signature	Print Name		Date Received
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CITY DAYTON, STATE OHIO ZIP PHONE This is to certify that the Doctor of	dition for
to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your representation and the EPA. Keep gold copy for your representations are the EPA.	ecords.
Signature Wayn Watson Print Name WAYNE WATSON Phone 455-6	39/
TRANSPORTER EPA IDENTIFICATION NO	
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This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offere	
Signature Print Name Date Received	
TREATMENT/DISPOSAL FACILITY  COMPANY SOUTH DAYTON DUMP  STATE ID NO.	
OTAL ID. NO.	
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary of	
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GENERATOR DELCO MORANE				ATION COD	E NO
COMPANY NAME 1420 WISCONSIN					E NO
ADDRESS					
O.D.		OHIO 1	45401	ZIP	DER PHONE
This is to certify that the above named in	naterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according to the applical	ble regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature Wayne Wall	Print N	Name WA	YNE U	1AT301	) Phone 453-639/
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the abo					•
Signature	Print !	Name			Date Received
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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WHITE: GATE-PAS  ADDRESS/21 CITY	SIGNATURE PLANT PAT  CLOCK NO.  SS-GUARD TO ACCOUNTS I	TROLMAN  DATE  RECEIVABLE		CANARY: (1) ORIGIN WHEN ITE! BY THE PL AND SENT	ATOR OR (2) AS ARE MOVI ANT PATROL TO ACCOUNT	DATE TRAVELS WITH THE MATERIAL ED BETWEEN PLANTS; IS SIGNED MAN AT THE RECEIVING PLANT S RECEIVABLE.  PHONE
WHITE: GATE-PAS  ADDRESS 21 CITY This is to certify	SIGNATURE PLANT PAT CLOCK NO. SS-GUARD TO ACCOUNTS I	TROLMAN  DATE  RECEIVABLE  STATE  t, storage, reclamation,	or disposal in co	CANARY: (1) ORIGIN WHEN ITER BY THE PL AND SENT	SIGNOCK NO.  ATOR OR (2) ANT PATROL TO ACCOUNT  NO.  IP	DUMP  DATE  TRAVELS WITH THE MATERIAL ED BETWEEN PLANTS; IS SIGNED MAN AT THE RECEIVING PLANT S RECEIVABLE.



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	C	FRTIFICATIO	ON.		
GENERATOR DELCO MIDATE	SHILDRED 11-28	- 28 FP	A IDENTIFIC	ATION COD	E NO
COMPANY NAME 1420 WISCOM	TINI DI US		ST#	ATE I.D. NO.	
ADDRESS DAYTON	DIN BLVD.		PU	RCHASE OF	DER
ADDRESS DAYTON, CITY OHD 06092856	STATE .	OHIO	<del>45401</del>	ZIP	PHONE
This is to certify that the above hamed	naterials are properly cla	issified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the application Signature	ible regulations of the D	Name WAY	NE W	ATSON	Neep gold copy for your records.
TRANSPORTER			-		
COMPANY	25				DE
ADDRESS	112	· .	JOE	B I.D. NO	<del></del>
CITY					PHONE
This is to certify acceptance of the abo	ove materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.
Signature	Print l	Name			Date Received
TREATMENT/DISPOSAL FACILITY COMPANY _ SOUTH DA	trail auma				E NO
	TON DUMP				
CITY DAYTON	STATE 6	~ ~ / / / / / / / / / / / / / / / / / /			DUONE
This is to certify completion of treatme					PHONE
your records. Forward white copy to					•
Signature	Print I	Name			Date
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	NON HAZ	30 YDS.	BDX	/	FLYASH
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HE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIP-IENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS -

- CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 NON-COMPANY ITEMS
  4 NON-PRODUCTIVE ITEMS

) ote	//:	-28- 1988 Driver H. F	ELTON	• 
UANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION /
OYDS		FLYASH		DUMP
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t				<b>,</b>
	SIGNATU	TRE PLANT PATROLMAN	W. 6	Oa Sep NATURE-FOREMAN
	CLOCK NO.  YHITE: GATE-PASS-GUARD TO	DATE  DATE  DATE	WHEN ITEMS ARE MOVE	DATE TRAVELS WITH THE MATERIAL ED BETWEEN PLANTS; IS SIGNED



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IN OAGE OF EMERICENCY, NO	5111 1. <u>- 60 ag</u> -				711/01/01/01
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ADDITIONAL INFORMATION:					
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GENERATOR DATE: COMPANY NAME DELCO MORAINI					DE NO.
ADDRESS 1420 WISCONSI					RDER
	STATE	VIII 795	4P401	ZIP	PHONE
CITY DAYTON, This is to certify that the above named OHD 06092856 transportation according to the applications.	materal and properly cla	ssified, describe	45401 d, packaged,	marked and	labeled, and are in proper condition fo
transportation according to the application	able regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature ( ) aypu ( ) as	Print !	Name WAY	INE W	ATSON	Phone 455-6391
TRANSPORTER 0		EP	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	JO	B I.D. NO	
CITY	STATE	<u> </u>		ZIP	PHONE
This is to certify acceptance of the about	ove materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.
Signature	Print f	Name		<i>,</i> ,	Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	DE NO
COMPANY SOUTH DA	YTON DUMI				
ADDRESS			JOI.	R NO	
CITY DAYTON	STATE ${\cal Q}$	(†10		ZIP	PHONE
This is to certify completion of treatme					
your records. Forward white copy to	o generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print 1	Name	<u> </u>	<del></del>	Date
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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·	11-2	18- 1988 Driver	A. FELTON
ITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO. DESTINATION
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	SIGNATURE P	LANT PATROLMAN	SIGNATURE-FOREMAN .
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	CLOCK NO.	DATE	CLOCK NO. DATE
GAT	TE-PASS-GUARD TO ACC	OUNTS RECEIVABLE	(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS: IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.
-MUDIN	<b></b>	STATE	ZIP PHONE;
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Signat		Print Name	
	TMENT/DISPOSAL FAC	CILITY	EPA IDENTIFICATION CODE NO.
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This is	to certify completion of records. Forward white	treatment, storage, reclamation, or decopy to generator. Processing of y	our invoice will begin upon receipt of signed copy of this manifest.
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gnature		Print Name			Date Received
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OMPAN	the state of the s	DAYTON DUMP	<u> </u>	STATE I.D. NO.	<u> Periodo America (Septembro).</u> Por esta esta esta esta esta esta esta esta
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nis is to c	ertify completion of	treatment, storage, reclamation, or disp	posal in compliance	with appropriate	regulations. Keep canary copy 1
our reco	rds. Forward white	copy to generator. Processing of you	ur invoice will begi	in upon receipt o	f signed copy of this manifest.
114 Sept. 21	ひこうじょう こうしん しょくちょうしょ	Print Name		見せんくぶき はいがく さりかき イヤ	生物性性 医大脑神经 经自己的 医动物 化阿德尔斯氏征



MATERIAL DISPOSITION  RECLAMATION DINCINERATION DIANDFILL DOTHER (Specify) DUMP  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DELCO MORAFINE BRED MIC 29-89 EPA IDENTIFICATION CODE NO.  COMPANY NAME ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER	EMERGENCY INFORMATION			_	SCA	LE INFORMATION
IN CASE OF EMERGENCY, NOTIFY: LOUGH WATERIAL DISPOSITION  D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  NON HAZ 30 YOS. BOY SCRAP WOOD  MATERIAL DISPOSITION  D RECLAMATION D INCINERATION D LANDFILL DOTHER (Specify) OWNP  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DELCO MCMARKHIBREDGM 227-80 EPA IDENTIFICATION CODE NO.  STATE LD NO.  ADDRESS DAYTON, STATE D. NO.  PURCHASE ORDER  CITY DAYTON, STATE D. NO.  PHONE  This is to certify the Mid-36092966 past less are properly classified, described, peckaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA Keep gold copy for your records.  Signature WATSON Phone HSS 434  TRANSPORTER COMPANY  STATE LD CODE  JOB LD NO.  CITY STATE LD CODE  JOB LD NO.  CITY STATE LD CODE  JOB LD NO.  CITY STATE LD NO.  Date Received PhoNE  TRAILER NO. TRACTOR NO.  TRAILER NO. TRACTOR NO.	IMMEDIATE RESPONSE INFO	RMATION				
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MATERIAL DISPOSITION  □ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify)  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DELCO MONATION:  COMPANY NAME 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON. STATE LD. NO.  PURCHASE ORDER  CITY DAYTON, STATE DEPAIRED FOR MONATION OF THE PROPER PHONE  This is to certify the Phone Pho	D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DELCO MONATORMORE TATE COMPANY NAME 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, This is to certify the MBa86392856 fail with safe properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature Print Name Pr		NON HAZ	30Y0S.	BOX		SERAP WOOD
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ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DELCO MONATORMORE TATE COMPANY NAME 1420 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON, This is to certify the MBa86392856 fail with safe properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  Signature Print Name Pr					<del></del>	
CERTIFICATION  GENERATOR DELCO MERATIONED GMC 21-69 EPA IDENTIFICATION CODE NO.  COMPANY NAME 1420 WISCONSIN BLVD. STATE I.D. NO.  ADDRESS DAYTON, STATE OHIO 45401 ZIP PHONE  This is to certify the History Print Name WHYNE WATSON Phone 455 434  TRANSPORTER  COMPANY STATE I.D. CODE  ADDRESS JOB I.D. NO.  STATE I.D. CODE  ADDRESS DOBLE SEQUILITY  STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Print Name Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY STATE I.D. NO.  STATE I.D. NO.  EPA IDENTIFICATION CODE NO.  SIGNATURE PRINT NAME PRINT		MATER	RIAL DISPOS	SITION		
CERTIFICATION  GENERATOR DELCO MERATIONED GMC 21-69 EPA IDENTIFICATION CODE NO.  COMPANY NAME 1420 WISCONSIN BLVD. STATE I.D. NO.  ADDRESS DAYTON, STATE OHIO 45401 ZIP PHONE  This is to certify the History Print Name WHYNE WATSON Phone 455 434  TRANSPORTER  COMPANY STATE I.D. CODE  ADDRESS JOB I.D. NO.  STATE I.D. CODE  ADDRESS DOBLE SEQUILITY  STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Print Name Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY STATE I.D. NO.  STATE I.D. NO.  EPA IDENTIFICATION CODE NO.  SIGNATURE PRINT NAME PRINT	□ RECLAMATION □ I	NCINERATION	- LAN	DFILL	OTH	ER (Specify) UUMP
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transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records. Signature	CITY DAYTON,	SJATE	OHIO	<del>45401</del>	ZIP	PHONE
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GENERATOR DELCO MORA	NE DIV. GMC	88 EP	A IDENTIFIC	ATION COD	E NO	
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	Drint !	Name WA	INE W	ATSON	) Phone 455-4391
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EV. 8/84 <b>oraine</b>		CLEA	RANCE CEI	RTIFICATI	<b>No.</b> 05813
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OF THIS	FORM IS RESTRICT REMOVAL OF MISCE	TED TO AIR EXPRESS A	AND PARCEL POST SHIP-	- SCRAP MATERIAL - CONTRACTORS MATERIA - NON-COMPANY ITEMS - NON-PRODUCTIVE ITEMS	•
	//-	-30- 1988	Driver A. F.E.	LTON	
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PLANTARDOUS D NON-HAZARDOUS D WASTE D RECLAIM

NO.1100119



#### **CLEARANCE CERTIFICATE**

No. 058132

	HIS FORM IS RESTRICTE IE REMOVAL OF MISCELI		ND PARCEL POST.SHIP- II AS	2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT 3 - NON-COMPANY ITEMS 4 - NON-PRODUCTIVE ITEMS				
	//-3	0- 1988	Driver A	FELTOR	U			
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12-8- 1988 Driver A. FELTON	1
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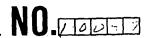


GOLD-GENERATOR

PINK-TRANSPORTER COPY

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# **ENVIRONMENTAL MANIFEST** □ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. IDDIO

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A 3067 REV. 8/84 Elco filoraine		CLEARANCE CE		No. 05818
	REMOVAL OF MISCEL	ED TO AIR EXPRESS AND PARCEL POST SHIP-	2 - CONTRACTORS MATERIAL / 3 - NON-COMPANY ITEMS 4 - NON-PRODUCTIVE ITEMS	AND/OR EQUIPMENT
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.



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No. 058182

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THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIP-MENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS -

2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT

3 - NON-COMPANY ITEMS

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#### **CLEARANCE CERTIFICATE**

No. 058183

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your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.